MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03036

Reg. Dist. No. 302

1. PLACE OF DEATH· COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Md COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 2 hrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural--Keedysville
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print)	(First) Doyle	(Middle) Leon	(Last) Abbott	4. DATE OF DEATH	(Month) March (Day) 7 (Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH May 11, 1911	9. AGE last birthday 37 yrs.	If under 1 year Months Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trucker	10b. KIND OF BUSINESS OR INDUSTRY Foundry	11. BIRTHPLACE (State or foreign country) Keedysville, Md.	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME George Abbott	14. MOTHER'S MAIDEN NAME Carrie Norris				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY No. 213-12-7197	17. INFORMANT Harry Abbott			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331 Immediate cause (a) Cerebral hemorrhage — 6 hours.

830 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION No operation.	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 7, 1949, to March 7, 1949, that I last saw the deceased alive on March 7, 1949, and that death occurred at 6:05 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Henry Aldis	M.D.	Shepherdstown, West Virginia.	March 8, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE March 10 1949	NAME OF CEMETERY OR CREMATORY Rohrersville	LOCATION (City, town, or county) (State) Rohrersville, Md
DATE REC'D BY LOCAL REG. Mar. 8. 1949	REGISTRAR'S SIGNATURE Chas. H. Bowers	24. FUNERAL DIRECTOR R. I. Earnshaw	ADDRESS Keedysville, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03037

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Washington; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown; LENGTH OF STAY (in this place): Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Enroute to Hospital	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown; STREET ADDRESS (If rural give location): 935 Hamilton Blvd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Dorothy	Kountz	Anderson	3-31-49		19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	6-8-1903	45 yrs.	9	22		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework		Hagerstown, Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Ross F. Kountz	Anna Bailey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Miss Lelo Bailey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) alcoholic narcosis	
322.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) (chr. alcoholism)	
93 2	(c) arterio sclerotic heart disease	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
NO	—			

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
—			m.		—

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at about 5 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
S. Parker Mello M.D.	DEPUTY MEDICAL EXAM. WASH. CO., MD.	115 N. Potomac St. Hagerstown, Md.	4/1/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-4-49	Rose Hill Cemetery	Hagerstown, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Apr. 2. 1949	Chas. H. Bowers	C. M. Suter & Sons,	Hagerstown, Md.

RECEIVED
APR 5 1949
BUREAU V. S.

03038

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred: Washington Co. Hospital

How long in hospital or institution? 8 days

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)

Street No. 1009 Fairview Rd (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME JERRY LEE BAILEY

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan. 10, 1949

8. AGE:

Years	Months	Days	If less than one day
—	2	20	..... hrs. ..... min.

9. Birthplace Hagerstown Md. (Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Albertus Raymond Bailey
13. Birthplace Milton Penna

MOTHER
14. Maiden name Louise Hines
15. Birthplace Hagerstown Md.

16. Informant Albertus R Bailey

Address 1109 Fairview Rd. Hagerstown Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4/2/49 (month) (day) (year)

Cemetery or crematory Rest Haven Cemetery

Location Hagerstown Md.

18. Funeral director Rest Haven Funeral Chapel

Address 1025 Fairview Rd Hagerstown Md.

19. Apr. 2, 1949 (Date rec'd by registrar) 19 Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 1949, at 11 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 22 1949, to March 30 1949 and that I last saw him alive on March 30 1949

Immediate cause of death	DURATION
Bronchial pneumonia	8 days
Due to	
491	
Due to	
107	
Other conditions Ventricular block	6 days
Malnutrition	8 days

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results Bronchial pneumonia dilatation rt. ventricles

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. T. Layman, M.D. M. D. or other

Address Hagerstown, Md. Date signed 1 April 49

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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APR 5 1949
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

(3039)

CERTIFICATE OF DEATH

Reg. Dist. No. 304

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY WASHINGTON; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HANCOCK; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS MAIN ST.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY WASH.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HANCOCK; STREET ADDRESS (If rural give location) MAIN ST.

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) DORSEY (Last) BAKER

4. DATE OF DEATH: (Month) 3 (Day) 4 (Year) 1949

5. SEX: MALE

6. COLOR OR RACE: NEGRO

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Oct. 4, 1948

9. AGE last birthday: 0 yrs. If under 1 year: Months 5; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: infant

11. BIRTHPLACE (State or foreign country): MARYLAND Washington

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: CHARLES Emmett BAKER

14. MOTHER'S MAIDEN NAME: VIOLET Mae SWAIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: CHARLES BAKER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

522 **Immediate cause** (a) Acute myocarditis

Antecedent cause(s)

93a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Pulmonary Congestion

(c) none

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: home (CITY OR TOWN) Hancock (COUNTY) Wash. (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour): no m.

INJURY OCCURRED While at Work ☐ Not While at Work ☐ none

HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from Mar 3, 1949, to Mar 4, 1949, that I last saw the deceased alive on Mar 3, 1949, and that death occurred at 1130 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) L. M. Shaffer M.D. ADDRESS Hancock, Md DATE SIGNED 3/4/49

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE 3-6-49 | NAME OF CEMETERY OR CREMATORY WOODLAWN CEM. | LOCATION (City, town, or county) (State) CUMBERLAND, MD.

DATE REC'D BY LOCAL REG. 3/4-49 | REGISTRAR'S SIGNATURE G. A. Keller | 24. FUNERAL DIRECTOR SNYDER-ROWLAND ADDRESS HANCOCK, MD.

RECEIVED
MAR 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03041

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hancock
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Violet (Middle) Marie (Last) Baker

4. DATE OF DEATH: (Month) March (Day) 11, (Year) 19 49

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Aug. 2, 1947

9. AGE last birthday: 1 yrs. If under 1 year: Months 7, Days, Hours, Min. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Wash. Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles M. Baker

14. MOTHER'S MAIDEN NAME: Violet Swan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Charles Baker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

571.0 **Immediate cause** (a) ENTERITIS, ACUTE, SEVERE — INTERVAL BETWEEN ONSET AND DEATH: DURATION ONE WEEK

Antecedent cause(s)

119 a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ANEMIA, SECONDARY SEVERE — UNKNOWN

19a. DATE OF OPERATION: NONE

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MARCH 8, 19 49, to MARCH 11, 19 49, that I last saw the deceased alive on MARCH 11, 19 49 and that death occurred at 4:30 PM m., from the causes and on the date stated above.

SIGNATURE: Austin Robert Cole (Degree or title) M. D. ADDRESS: CLEAR SPRING, MARYLAND DATE SIGNED: MARCH 12, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE: 3-14-49 NAME OF CEMETERY OR CREMATORY: Woodlawn Park Cem. LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: Mar. 13, 1949 REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: Snyder-Rowland, ADDRESS: Hancock, Md.

RECEIVED
MAR 15 1949
BUREAU V. S.

03040

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ringgold
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ringgold
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Frank (Middle) L (Last) Barkdoll
4. DATE OF DEATH (Month) March (Day) 28, (Year) 1949
5. SEX M.
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M.
8. DATE OF BIRTH May 26/1883
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fruit Grower
10b. KIND OF BUSINESS OR INDUSTRY Own
11. BIRTHPLACE (State or foreign country) Ringgold Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Lewis Barkdoll
14. MOTHER'S MAIDEN NAME Annie Shank
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Sophia Barkdoll

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Embolism. — INTERVAL BETWEEN ONSET AND DEATH: Instant.

421.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) V. H. D. Aortic insufficiency

92a (c) and stenosis. — ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov-14, 1948, to 3-28, 1949, that I last saw the deceased alive on 3-20, 1949, and that death occurred at 3-30 P.M., from the causes and on the date stated above.

SIGNATURE Walter H Winford (Degree or title) M.D. ADDRESS 15 N Main Waynesboro Pa. DATE SIGNED 3-29-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF April 1, 1949
NAME OF CEMETERY OR CREMATORY Ringgold
LOCATION (City, town, or county) Ringgold (State) Md.
DATE REC'D BY LOCAL REG. 3/30/49
REGISTRAR'S SIGNATURE Geo. W Ferguson
24. FUNERAL DIRECTOR Walter Y Grove ADDRESS Waynesboro Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03042

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS 58 West Side Avenue	STREET ADDRESS (If rural, give location) 58 West Side Avenue

3. NAME OF DECEASED (Type or Print): (First) Barbara (Middle) Cecelia (Last) Beard

4. DATE OF DEATH: (Month) March (Day) 4, (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	White	Widow	Abt. 1868	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Home Duties	Home	Harpers Ferry, W. Va.	U S A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Nicholas Leavy	Katherine Sorg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
	None	Miss Mary Frances Beard Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Diabetes — 15 yrs

260 Antecedent cause(s)

61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senile Arteriosclerosis — 13 yrs

(c) Gangrene of foot

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1, 1946, to 3-4, 1949, that I last saw the deceased alive on 3-4-49, and that death occurred at 11 P. m., from the causes and on the date stated above.

SIGNATURE: Dr E W Dutton Jr (Degree or title) ADDRESS: Hagerstown Md DATE SIGNED: 3/5/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-8-49	St. Peter's Cemetery	Harpers Ferry, W. Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Mar. 7. 1949	Chas. H. Powers	Fred W. Krai ss- Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

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RECEIVED
MAR 9 1949
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03043

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS: AI5

1. PLACE OF DEATH: COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (in this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural, give location) 116 East Franklin St.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) McCauley (Last) Bennett

4. DATE OF DEATH: (Month) March (Day) 15, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 17, 1885

9. AGE last birthday: 63 yrs. If under 1 year: Months. 4 Days. 28 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Downsville, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Samuel Wolford

14. MOTHER'S MAIDEN NAME: Anne Benchoff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mr. Samuel McCauley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

33 | Immediate cause (a) Cerebral hemorrhage. — Interval Between Onset and Death: 20 hours

83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arterio-sclerosis. — (3) 5-10 years

(c) 0

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 0

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) 0

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) 0 m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/14, 1949, to 3/15, 1949, that I last saw the deceased alive on 3/14, 1949, and that death occurred at 10:20 a.m., from the causes and on the date stated above.

SIGNATURE Victor D. Miller (Degree or title) DR. VICTOR D. MILLER ADDRESS 131 W. WASHINGTON ST., HAGERSTOWN, MD. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE March 18, 1949; NAME OF CEMETERY OR CREMATORY Riverview Cemetery; LOCATION (City, town, or county) (State) Williamsport, Maryland

DATE REC'D BY LOCAL REG. Mar. 16 1949; REGISTRAR'S SIGNATURE Ethel Bowers

24. FUNERAL DIRECTOR ADDRESS Edith V. Leaf ; Williamsport, Md.

RECEIVED
MAR 18 1949
BUREAU V. S.

03044

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 301

1. PLACE OF DEATH
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport
LENGTH OF STAY (in this place) 11 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Williamsport Sanitarium 154 N. Artizan st.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wash. D.C.
STREET ADDRESS (If rural, give location) 1613 Riggs Place N.W. ✓

3. NAME OF DECEASED (Type or Print) (First) Lucy (Middle) (Last) Black

4. DATE OF DEATH (Month) March (Day) 17 (Year) 1949

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH July 7, 1868

9. AGE last birthday 80 yrs. If under 1 year Months. Days. If under 24 hrs. Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Williamstown, Mass.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John Tatlock

14. MOTHER'S MAIDEN NAME Lucy Whitman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT James W. Black

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1 93d

Immediate cause (a) Myocarditis Chronic — Interval Between Onset and Death: 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis — 3 days

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 14, 1949, to Mar. 19, 1949, that I last saw the deceased alive on Mar. 16, 1949, and that death occurred at 3 40 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

M. Zimmerman M.D. Williamsport Md

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

Cremation — March 19-49 — Williamsport Sanitarium — Washington D.C. — Washington D.C.

DATE RECD BY LOCAL REG. March 15-49 — REGISTRAR'S SIGNATURE E Lee McElroy

24. FUNERAL DIRECTOR — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 26 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03645

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Washington. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown. — MARYLAND — LENGTH OF STAY (in this place): 5 weeks. — HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington County Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland. — COUNTY: Washington. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Williamsport R.F.D. 2. — STREET ADDRESS (If rural, give location): Williamsport R.F.D. 2.

3. NAME OF DECEASED (Type or Print): (First) Laura (Middle) Susan (Last) Boyles.

4. DATE OF DEATH: (Month) March (Day) 7 (Year) 19 49

5. SEX: Female

6. COLOR OR RACE: White.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married.

8. DATE OF BIRTH: April 15 1896. 52 yrs.

9. AGE last birthday — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife.

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Martinsburg W.V.A.

12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: John Warker.

14. MOTHER'S MAIDEN NAME: Lucie Markle.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mr, James William Boyles.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chr. Bilateral pyelo nephritis — 3 years

600.0

Antecedent cause(s)

133a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Toxemia. Uremia — 2 days.

19a. DATE OF OPERATION: Feb. 28, 1949 — 19b. MAJOR FINDINGS OF OPERATION: Above - Rt Kidney removed — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1946, to Mar 7, 1949, that I last saw the deceased alive on Mar 7, 1949, and that death occurred at 11:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

David R. Brewer M.D. — Clear Spring Md. — 3/9/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: March 10. — NAME OF CEMETERY OR CREMATORY: Greenlawn — LOCATION (City, town, or county) (State): Williamsport. Washington Md.

DATE REC'D BY LOCAL REG.: Mar. 9. 1949 — REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR — ADDRESS: Edith V Leaf Williamsport. Md.

VS. A15

RECEIVED
MAR 11 1949
BUREAU V. S.

03046

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 144306

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Highfield
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Highfield
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) AZALIA (Last) BROWN.

4. DATE OF DEATH (Month) Mar. (Day) 29, (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH Sept. 10. 1882
9. AGE last birthday 66 yrs. If under 1 year: Months 6, Days 19; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY housewife
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Edward Schleigh
14. MOTHER'S MAIDEN NAME Margaret O'Brien.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs J. W. Musey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Three (3) month - Starving without any food -

309 Antecedent cause(s) (b) Insanity

84d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) none (Over)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-10, 1949, to 3-29, 1949 that I last saw the deceased alive on 3-27, 1949 and that death occurred at 2 pm m., from the causes and on the date stated above.

SIGNATURE (Degree or title) H. C. Bridges, M.D. ADDRESS Blue Ridge Summit Pa DATE SIGNED 3/29/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE Apr. 1, 1949 NAME OF CEMETERY OR CREMATORY New Cathedral LOCATION (City, town, or county) Baltimore City. (State) Md

DATE REC'D BY LOCAL REG. Mar. 29, 1949 REGISTRAR'S SIGNATURE Blanche S. Eyler
24. FUNERAL DIRECTOR M. L. Creager & Son ADDRESS Thurmont Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Deceased - was insane and
there was no room in
Md State Institutions - and
I was unable to admit her
to any other hospital - and she
refused all food until death.

A.C.B

RECEIVED
APR 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03047

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY (In this place) 31 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2210 Gay St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown, Md.
STREET ADDRESS (If rural, give location) 2210 Gay St.

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) A (Last) Burck
4. DATE OF DEATH: (Month) Mar (Day) 18, (Year) 1949
5. SEX Male (Male)
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept 27, 1879
9. AGE last birthday 69 yrs. | If under 1 year: Months 5 Days 21 | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Shoe factory
11. BIRTHPLACE (State or foreign country) Frederick Maryland
12. CITIZEN OF WHAT COUNTRY? U.S
13. FATHER'S NAME Joseph Brück (UR)
14. MOTHER'S MAIDEN NAME Appolonia Brenner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 214 09 5323A
17. INFORMANT Mrs. Elsie A. Brück (UR)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Apoplexy — Interval Between Onset and Death: 2 wks

334 Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/4/49, 19..., to 3/18/49, 19..., that I last saw the deceased alive on 3/18/49, 19..., and that death occurred at 7 m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED
R. F. Young M.D. Williamsport, Md 3/19/49

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE Mar 20, 1949 | NAME OF CEMETERY OR CREMATORY Rest Haven | LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REG. Mar. 19. 1949 | REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Fred W. Kraiss. | ADDRESS

RECEIVED
MAR 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

03048

2411 N. Charles Street, Baltimore — Dr. Wm Layman

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH · COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown | LENGTH OF STAY (in this place): 37 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 56 Madison Ave

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural give location): 56 Madison Ave

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) (Last) Carpegna

4. DATE OF DEATH: (Month) March (Day) 6 (Year) 1949

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single | 8. DATE OF BIRTH: 3/21/74 | 9. AGE last birthday: 74 yrs. | If under 1 year: Months 11 | If under 24 hrs.: Days 15 | Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Trackman R.R. | 10b. KIND OF BUSINESS OR INDUSTRY: Retired | 11. BIRTHPLACE (State or foreign country): Italy | 12. CITIZEN OF WHAT COUNTRY? Italy

13. FATHER'S NAME: Felix Carpegna | 14. MOTHER'S MAIDEN NAME: Catherine Bigini

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service): No | 16. SOCIAL SECURITY NO.: None | 17. INFORMANT: Mrs. Sabatina Carpegna

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443 Immediate cause (a) Cerebral Haemorrhage — Interval between onset and death: 3 to 4 days January 31st

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardiovascular disease — at least 7 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 31, 1949, to March 6, 1949, that I last saw the deceased alive on March 5, 1949, and that death occurred at 2:20 P m., from the causes and on the date stated above.

SIGNATURE: W. J. Layman, M.D. (Degree or title) | ADDRESS: Hagerstown, Md. | DATE SIGNED: 7 March 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 3/9/49 | NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery | LOCATION (City, town, or county) (State): Hagerstown Wash. Co Md

DATE REC'D BY LOCAL REG. March 1949 | REGISTRAR'S SIGNATURE: Chas H. Bowers

24. FUNERAL DIRECTOR: Andrew K. Coffman | ADDRESS: Hagerstown Md

VS. A15

RECEIVED
MAR 10 1949
BUREAU V. S.

03049

Dr. Keadle
Dr. Ralph Young

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washingt on — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 10 Years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS 621 Elizabeth St.	STREET ADDRESS (If rural give location) 621 Elizabeth St.

3. NAME OF DECEASED (Type or Print) (First) Mrs. Amanda (Middle) May (Last) Carpenter				4. DATE OF DEATH (Month) March (Day) 5 (Year) 1949			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 5/2/73	9. AGE last birthday 75 yrs.	If under 1 year Months 9 Days 3	If under 24 hrs. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Lancaster Pa.		12. CITIZEN OF WHAT COUNTRY? U.S.A			
13. FATHER'S NAME John Fedder		14. MOTHER'S MAIDEN NAME Mary Gittinger					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If year, give war or dates of service) No	16. SOCIAL SECURITY NO. None		17. INFORMANT Samuel W. Carpenter			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
331 Immediate cause	(a) Cerebral Hemorrhage	1 hr
83a Antecedent cause(s)	Hypertension	indefinite
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Not sufficiently acquainted to Know.	

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from March 5 19.49., to post mortem that I last saw the deceased alive on never, 19....., and that death occurred at 10:40 PM, from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert F. Keadle	MD	132 W Wash St. Hagerstown,	

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/8/49	Reiffs Cemetery	near Cearfoss Wash. Co. Md

DATE REC'D BY LOCAL REG:	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar. 8. 1949	Chas. H. Bowers	Andrew K. Coffman	Hagerstown Md

Attended by Dr. R. F. Young. and Dr. E. W. Dietz Jr.

RECEIVED
MAR 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Dr. Yeager 03050

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH · COUNTY: Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown LENGTH OF STAY (in this place): 2 Yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Garlock Memorial Home	STREET ADDRESS (If rural give location): 754 Summit Ave

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): CLINTON RODGER CLAGETT Sr

4. DATE OF DEATH (Month) (Day) (Year): March 6 1949 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Widower	Nov 19 1872	76 yrs.	2	15		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Station Agt M.M.R.R.	Retired	St. James Md	U.S.A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George W. Clagett	Sarah C. Carson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes	1898	None	Clinton R. Clagett Jr

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac Failure	2 days
Antecedent cause(s)	(b) Cardiovascular Disease.	5 years.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Rheumatoid Arthritis	10 yrs.

422.1
93 d

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—	—	—

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
— m.		—

22. I hereby certify that I attended the deceased from 9-4, 1943, to 3-6, 1949, that I last saw the deceased alive on 3-5, 1949, and that death occurred at 10:12 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. Howard Yeager. M.D		Hagerstown, Md	3-7-49.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/8/49	Rest Haven Cemetery	Hagerstown Wash. Co. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar 8, 1949	Chas H. Bowers	Andrew K. Coffman	Hagerstown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

T

RECEIVED
MAR 16 1949
BUREAU V. S.

03051

Dr. Ditto

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (in this place) 10 Yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 728 West Washington St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural, give location) 728 West Washington st

3. NAME OF DECEASED (Type or Print): (First) IRENE (Middle) ALICE (Last) CORDERMAN

4. DATE OF DEATH: (Month) March (Day) 31 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct 5 1880

9. AGE last birthday: 68 yrs. If under 1 year: Months 5, Days 26, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Hagerstown Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: William H. LeFever

14. MOTHER'S MAIDEN NAME: Mollie Wallick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) -- (If yes, give war or dates of service) --

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Luther H. Corderman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170 Immediate cause (a) Carcinoma Breast — Interval Between Onset and Death: 2 yrs

50 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) & metastases of liver & stomach

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: aug 10-47

19b. MAJOR FINDINGS OF OPERATION: adeno Carcinoma

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from aug 1, 1947, to Mar 31 1948, that I last saw the deceased alive on Mar 31, 1948, and that death occurred at 11:45 ? m., from the causes and on the date stated above.

SIGNATURE: Dr. D.W. Ditto (Degree or title) ADDRESS: Hagerstown Md DATE SIGNED: 4-1-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 4/3/49

NAME OF CEMETERY OR CREMATORY: Dunkard cemetery

LOCATION (City, town, or county) (State): Broadfording Wash. Co Md

DATE REC'D BY LOCAL REG.: Apr 2. 1949

REGISTRAR'S SIGNATURE: Chas H Boevers

24. FUNERAL DIRECTOR: Andrew K. Coffman ADDRESS: Hagerstown Md

RECEIVED
APR 5 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03052

CERTIFICATE OF DEATH

Reg. Dist. No. 304

1. PLACE OF DEATH
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hancock
LENGTH OF STAY (in this place) 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS W. Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hancock
STREET ADDRESS (If rural give location) W. Main St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Rebecca	Jane	Cornelius	Mar.	6,	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	White	Married	Jan. 1, 1873	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	—	Pennsylvania	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Isaiah Layton	Ida Mellott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
—	—	Edgar B. Cornelius

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260 **Immediate cause** (a) Coronary Occlusion — Interval between onset and death: 2 days

61 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes Mellitus

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 3-4, 19 49 to 3-6, 19 49, that I last saw the deceased alive on 3-5, 19 49, and that death occurred at ____ m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Herbert R. Tobias — ADDRESS Hancock, Md — DATE SIGNED 3-8-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Mar. 8, 1949	St. Thomas Episcopal	Hancock,	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-8-49	Jell. Keller	Charles R. Bast	Hancock, Md.

RECEIVED
MAR 12 1949
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03053

EVIDENCE FOR CHANGE OF AGE IS ON: FILM FT 6119 4-6-49 A

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH · COUNTY: Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown — LENGTH OF STAY (in this place): 48 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 216 N. Potomac St.	STREET ADDRESS (If rural, give location): 216 N. Potomac St.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) E. (Last) Crider

4. DATE OF DEATH: (Month) Mar (Day) 25 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 20,-76

9. AGE last birthday: 72 ~~71~~ yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Store Owner

10b. KIND OF BUSINESS OR INDUSTRY: Leather

11. BIRTHPLACE (State or foreign country): Penn.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Crider

14. MOTHER'S MAIDEN NAME: Annie Six

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No/. (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: --------

17. INFORMANT: Mrs. Daisy A. Crider

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
410	Immediate cause	(a) Hypostatic Pneumonia —	4 days —
92 b	Antecedent cause(s)	(b) Carditis — Mitral Regurgitation —	10 yrs —
	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 4:42 p m., from the causes and on the date stated above.

SIGNATURE: Harry P. Kritzer M.D. (Degree or title) — ADDRESS: 201 Oak Hill Ave. — DATE SIGNED: Hagerstown Md. 3/26/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Mar. 28-49 — NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery — LOCATION (City, town, or county): Hag erstown Md. (State)

DATE REC'D BY LOCAL REG.: Mar. 27, 1949 — REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: Scott F. Minnich & Son — ADDRESS: Hag. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03054

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Washington; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown; LENGTH OF STAY (in this place): Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS: 120 Magnolia Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown; STREET ADDRESS (If rural give location): 120 Magnolia Avenue

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) R. (Last) Cromer

4. DATE OF DEATH: (Month) Mar. (Day) 12, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 4-27-1890

9. AGE last birthday: 58 yrs. If under 1 year Months / If under 24 hrs. Hours 10 Min. 13

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Car Inspector

10b. KIND OF BUSINESS OR INDUSTRY: W.M.R.R.

11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Samuel Cromer

14. MOTHER'S MAIDEN NAME: Rose Winkfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 705-10-4738

17. INFORMANT: Mrs. Harry R. Cromer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary embolism	15 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fracture tibia & fibula, left	18 days
	(c)	

904.3
186a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: No operation

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Railroad (CITY OR TOWN): Hagerstown, (COUNTY): Washington, (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): Feb. 22, 1949 m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?: Fell upon steel rail.

22. I hereby certify that I attended the deceased from Mar. 3, 1949, to Mar. 12, 1949, that I last saw the deceased alive on Mar. 12, 1949, and that death occurred at 10:00A. m., from the causes and on the date stated above.

SIGNATURE: Ralph Bell (Degree or title) M.D. ADDRESS: Hagerstown, Maryland. DATE SIGNED: March 14, 1949.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 3-15-49

NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery

LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REG.: Mar 15, 1949

REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: C. M. Suter & Sons, ADDRESS: Hagerstown, Md.

RECEIVED
MAR 18 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03055

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington; STATE MARYLAND; CITY OR TOWN Hagerstown; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wash; CITY OR TOWN Hagerstown; STREET ADDRESS 399 Liberty St. (If rural, give location)

3. NAME OF DECEASED (Type or Print): Amos (First) F. (Middle) Davis (Last)

4. DATE OF DEATH: Mar. (Month) 25 (Day) 49 (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Mar. 7, 1872

9. AGE last birthday: 77 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plaster

10b. KIND OF BUSINESS OR INDUSTRY: Plastering

11. BIRTHPLACE (State or foreign country): Maryalnd

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Amos F. Davis

14. MOTHER'S MAIDEN NAME: Susie Cramer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY No.: -------

17. INFORMANT: X Mrs. Mabel Bragg

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Edema Edema — Interval Between Onset and Death: ?

420.0

Antecedent cause(s)

93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocarditis,

(c) Arteriosclerotic heart disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): ------- m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 24 49 to ....., 19....., that I last saw the deceased alive on Mar 24, 1949, and that death occurred at 2:05a m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Robert J. Keadle — ADDRESS: Hagerstown, Maryland — DATE SIGNED: March 25, 19 49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Mar. 27 -49 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REG. Mar. 26 1949 — REGISTRAR'S SIGNATURE: Chas H Bowers

24. FUNERAL DIRECTOR: Scott F. Minnich & Son — ADDRESS: Hag. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 29 1949
BUREAU V. S.

Evidence for addition of cause of death

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03056

FILM No. G 120 APR 27 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington; STATE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (In this place) 3 Hrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hagerst own
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital	STREET ADDRESS (If rural, give location) Hagerstown Rt. 5

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Judy	Ellen	Dayhoff		Mar.	28	49 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Female	White	Single	10-26-47	1 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles E. Dayhoff	Eunice A. Magaha

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		------	Charles E. Dayhoff

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Unknown

780.2 **Antecedent cause(s)**

86 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Convulsion, generalized — 2 hours

(c) Previous good health, autopsy sections not complete yet

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Findings of autopsy entirely negative. (4/26/49-ps)

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Mar 27, 1949, to Mar 28, 1949, that I last saw the deceased alive on Mar 28, 1949, and that death occurred at 12:10A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert V L Campbell	MD	145 W. Washington St Hagerstown Md	3/29/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-30-49	Rest Haven Cemetery	Hagerstown Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar 30, 1949	Grace H. Bowers	Scott F. Minnich & Son	Hag. Md.

VS. A15

RECEIVED
APR 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03057

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; MARYLAND; LENGTH OF STAY (in this place) 30 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 North Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural give location) 51 North Avenue

3. NAME OF DECEASED (Type or Print): (First) Stanley (Middle) V. (Last) Dean

4. DATE OF DEATH: (Month) Mar. (Day) 13 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 23, 1880

9. AGE last birthday: 69 yrs. If under 1 year: Months 1, Days 18; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor & Builder

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Middletown, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Carl Dean

14. MOTHER'S MAIDEN NAME: Ava Coblentz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Stanley V. Dean

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332

Immediate cause (a) Cerebral thrombosis — Interval between onset and death: 5 days

83 hr

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis — years

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1, 1947 to Mar. 13, 1949, that I last saw the deceased alive on Feb. 1, 1949 and that death occurred at 2:15 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Clyd C. Hoffman, 214 N. Potomac St. Hagerstown, Md. Mar 14-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE 3-16-49; NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery; LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REG.: Mar. 15, 1949; REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: C. M. Suter & Sons; ADDRESS: Hagerstown, Md.

VS. A15

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MAR 17 1949
BUREAU V. S.

14

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03058

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH: COUNTY Washington. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN cascade
LENGTH OF STAY (in this place) 9 months a. 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie Hospital. cascade.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto, 16.
STREET ADDRESS (If rural, give location) 1633. Poplar, grove. str. ✓

3. NAME OF DECEASED (Type or Print) (First) Elisabeth (Middle) Maria. (Last) Depser.

4. DATE OF DEATH (Month) 3. (Day) 6. (Year) 1949

5. SEX female.
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single.
8. DATE OF BIRTH Nov, 20. 1904
9. AGE last birthday 44 yrs. If under 1 year Months — Days — If under 24 hrs. Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) typist.
10b. KIND OF BUSINESS OR INDUSTRY typist.
11. BIRTHPLACE (State or foreign country) Balto, Maryland.
12. CITIZEN OF WHAT COUNTRY? —

13. FATHER'S NAME Conrad Depser.
14. MOTHER'S MAIDEN NAME Herlved.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT Ritchie Hospitals Records cascade. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

345
87d

Immediate cause (a) vasocirculatory failure, malnutrition, anemia.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) multiple sclerosis.
(c)

INTERVAL BETWEEN ONSET AND DEATH: 3.5.49. until 3.6.49

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 5. 26, 1948, to 6. March, 1949, that I last saw the deceased alive on 3. 5, 1949, and that death occurred at 2^10 A. m., from the causes and on the date stated above.

SIGNATURE Vincent Troost (Degree or title) M. D. ADDRESS Ritchie Hospital. Md. DATE SIGNED 3.6.1949.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3-8-49
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REG. 3/6/49
REGISTRAR'S SIGNATURE John R Cochran Dep Local Registrar
24. FUNERAL DIRECTOR G. Howard Strong ADDRESS 3107 W. North Ave

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MAR 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03059

CERTIFICATE OF DEATH

Reg. Dist. No. 301

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport
LENGTH OF STAY (in this place) 11 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Williamsport Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Leesburg Va. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN —
STREET ADDRESS — (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) (Last) DEWEES

4. DATE OF DEATH (Month) March (Day) 9 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH April 20, 1847
9. AGE last birthday 101 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home.
10b. KIND OF BUSINESS OR INDUSTRY Home.
11. BIRTHPLACE (State or foreign country) Leesburg Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Young
14. MOTHER'S MAIDEN NAME Mary Sterrett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT Miss Marion B. Wood

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocarditis Chronic	11 mos
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	11 mos
	(c)	

422.1
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) — (Day) — (Year) — (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from May 14, 1948, to May 9, 1949, that I last saw the deceased alive on May 8, 1949, and that death occurred at 1:20 P.m., from the causes and on the date stated above.

SIGNATURE I. M. Bunnemay (Degree or title) ADDRESS Williamsport Md. DATE SIGNED 3/9/49

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL DATE 3/11/1949 NAME OF CEMETERY OR CREMATORY ARLINGTON NAT'L LOCATION (City, town, or county) Arlington Nat'l (State) VIRGINIA

DATE REC'D BY LOCAL REG. 3/9 REGISTRAR'S SIGNATURE E. Lee McElroy
24. FUNERAL DIRECTOR Jas. Lawlerston ADDRESS Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

13060

EVIDENCE FOR CORRECTION OF DATE OF DEATH IS ON:

CERTIFICATE OF DEATH

BC Reg. Dist. No. 306

FILM No. G 120 APR 18 1949

THE MORGUE

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY Washington. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade. LENGTH OF STAY (in this place) 10 months, 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Richie Hospital, Cascade Maryland.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE Maryland. COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore.
STREET ADDRESS (If rural, give location) 618. S Wolfe Str.

3. NAME OF DECEASED (Type or Print) — (First) Adam. (Middle) none. (Last) Dombrowsky.

4. DATE OF DEATH — (Month) March (Day) 4. (Year) 1949

5. SEX male.

6. COLOR OR RACE white.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single.

8. DATE OF BIRTH 1877 year.

9. AGE last birthday 72. yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Polana.

12. CITIZEN OF WHAT COUNTRY? —

13. FATHER'S NAME Andre Dombrowsky.

14. MOTHER'S MAIDEN NAME Flenord.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT Hospital Records. Richie Hospital, Cascade Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443 **Immediate cause** (a) Cardiac failure. — Interval between onset and death: One day.

93d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive arteriosclerotic cardiovascular disease.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gangrene of the right great toe. Hypertrophic arthritis.

19a. DATE OF OPERATION — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1. 10, 1948, to 3. 4, 1949, that I last saw the deceased alive on 3. 4, 1949, and that death occurred at 11 25 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
JRoost, Veronika. M.D. Richie Hospital, Cascade, Md. 3. 4. 49.

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

University Medical School APR 6 1949

DATE REC'D BY LOCAL REG. APR 12 1949 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS

Commissioner of Health

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03061

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade
LENGTH OF STAY (in this place) 6 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location) Williamsburg

3. NAME OF DECEASED (Type or Print) (First) Truphena (Middle) Brooks (Last) Daugherty

4. DATE OF DEATH (Month) March (Day) 31 (Year) 1949

5. SEX F
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH Sept 18, 1896
9. AGE last birthday 52 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Easton Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Alfred Brooks
14. MOTHER'S MAIDEN NAME Marguna Dobson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Hosp. records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Nephrosis — INTERVAL BETWEEN ONSET AND DEATH: Unknown

260 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes mellitus

61 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatic Heart Disease

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 18, 1949, to Mar 31, 1949, that I last saw the deceased alive on Mar 31, 1949, and that death occurred at 10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Thomas M. Arrington, M.D. Ritchie Hosp. Cascade, Md 3/31/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF April 3/49
NAME OF CEMETERY OR CREMATORY Williamsburg Md
LOCATION (City, town, or county) (State) Talbot Co Md.

DATE REC'D BY LOCAL REG. 4/1/49
REGISTRAR'S SIGNATURE John R Tershman
Dep Local Registrar
24. FUNERAL DIRECTOR Lewis A. Henry, ADDRESS Centreville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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APR 5 1949
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03062

Reg. Dist. No. 302

1. PLACE OF DEATH · COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 20 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS 531 W. Howard St.	STREET ADDRESS (If rural give location) 531 W. Howard St.

3. NAME OF DECEASED (Type or Print) (First) Carrie (Middle) L. Dunlap (Last)			4. DATE OF DEATH (Month) Mar. (Day) 24 (Year) 1949		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH ABT. 1888	9. AGE last birthday 61 yrs.	If under 1 year Months Days / If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Duties	10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Pennsylvania	12. CITIZEN OF WHAT COUNTRY? U S A	
13. FATHER'S NAME Reuben Lininger			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None		17. INFORMANT Charles S. Dunlap-531 W. Howard St		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

170 Immediate cause (a) Carcinoma - Breast - left - — 16 mo.

50 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION April 1948	19b. MAJOR FINDINGS OF OPERATION Carcinoma - left Breast	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1948, to March 24, 1949, that I last saw the deceased alive on March 21, 1949, and that death occurred at 4 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Philip J. Hogleman	MD	159 W. Washington St	3/25/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Mar. 26-49	NAME OF CEMETERY OR CREMATORY Lincoln Cemetery	LOCATION (City, town, or county) (State) Chambersburg, Pa.
DATE REC'D BY LOCAL REG. Mar. 25, 1949	REGISTRAR'S SIGNATURE Chas H. Bowers	24. FUNERAL DIRECTOR Fred W. Kraiss	ADDRESS Hagerstown, Md.

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MAR 28 1949
BUREAU V. S.

03063

Dr. Victor Miller

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (In this place) 23 Yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 216 South Prospect St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural, give location) 216 So Prospect St.

3. NAME OF DECEASED (Type or Print): (First) ELMER (Middle) KENDALL (Last) EYERLY

4. DATE OF DEATH: (Month) March (Day) 20 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 3/26/65

9. AGE last birthday: 83 yrs. If under 1 year: Months 11 Days 24 If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Furniture

11. BIRTHPLACE (State or foreign country): Hagerstown Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A

13. FATHER'S NAME: George W. Everly

14. MOTHER'S MAIDEN NAME: Susan M. Kendall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY No.

17. INFORMANT: Mrs. Marjorie Everly Fleigh

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
450.0	Immediate cause	(a) Chronic Endocarditis.	2-3 years
92d	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-Sclerosis ✓	Undetermined
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ✓; PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY ✓; (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from 3/1 – 1940, to 3/21 1949, that I last saw the deceased alive on 3/19 1949, and that death occurred at 3/20/1949 6a m., from the causes and on the date stated above.

SIGNATURE Victor D. Miller (Degree or title) DR. VICTOR D. MILLER, ADDRESS 131 W. WASHINGTON ST., HAGERSTOWN, MD. DATE SIGNED

131 W. WASHINGTON ST.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/23/49	Rose Hill Cemetery	Hagerstown Wash. Co Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Mar. 21, 1949	Chas. H. Bowers	Andrew K. Coffman Hagerstown Md

VS. A15

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MAR 23 1949
BUREAU V. S.

Dr. Yeager
03064

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (In this place): 44 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 832 West Washington St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown Md.
STREET ADDRESS (If rural give location): 832 West Washington St.

3. NAME OF DECEASED (Type or Print): (First) MRS BESSIE (Middle) ESTELLA (Last) EYLER

4. DATE OF DEATH: (Month) March (Day) 2 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 8, 1871

9. AGE last birthday: 78 yrs. If under 1 year: Months 1, Days 24, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Sabillasville Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Dallas Arnsparger

14. MOTHER'S MAIDEN NAME: Josephine Stottlemyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If year, give war or dates of service): ------

16. SOCIAL SECURITY No.: None

17. INFORMANT: Adam M. Eyler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170 Immediate cause (a) Carcinomatosis — Interval between onset and death: Jan. 1948

50 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Carcinoma of Right Mammary Gland — Aug. 1939
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Cardiovascular Disease — 1939

19a. DATE OF OPERATION: Sept. 1939

19b. MAJOR FINDINGS OF OPERATION: Radium Pt. Mammary Gland & Deep X Ray

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ✓ — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY ✓ — (CITY OR TOWN) ✓ (COUNTY) ✓ (STATE) ✓

TIME OF INJURY (Month) (Day) (Year) (Hour) m. ✓ — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from 6-21-, 1937, to March 2, 1949, that I last saw the deceased alive on 3-1-, 1949, and that death occurred at 7:30 P m., from the causes and on the date stated above.

SIGNATURE: W. Howard Yeager. M.D (Degree or title) — ADDRESS: Hagerstown, Md — DATE SIGNED: March 3, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 3/5/49 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Hagerstown Wash. Co. Md.

DATE REC'D BY LOCAL REG.: Mar. 4. 1949 — REGISTRAR'S SIGNATURE: Estelle H. Bowers

24. FUNERAL DIRECTOR ADDRESS: Andrew K. Coffman Hagerstown Md

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MAR 5 1949
BUREAU V. S.

03065

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 6 wk.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gateway Convalescent

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 35 W. Franklin St

3. NAME OF DECEASED (Type or Print) (First) Minnie (Middle) Gladfelter (Last) Fishel

4. DATE OF DEATH (Month) 3 (Day) 10 (Year) 1949

5. SEX Female
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH 2/9/1872
9. AGE last birthday 77 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) York Co. Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Charles Gladfelter
14. MOTHER'S MAIDEN NAME Bowman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Valeria Groff

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
725	Immediate cause	(a) Terminal pneumonia bronchial	4 days
107	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arthritis, malnutrition, bed patient for 6 months	6 months
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Aug, 1948, to 10 March, 1949, that I last saw the deceased alive on 10 March, 1949, and that death occurred at 10:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Elbert H Woellacker M.D. ADDRESS Hagerstown Md. DATE SIGNED 3/11/49.

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 3/10/49
NAME OF CEMETERY OR CREMATORY Seven Valleys Cemetery
LOCATION (City, town, or county) (State) Seven Valleys, York, Pa

DATE REC'D BY LOCAL REG. Mar. 10 1949
REGISTRAR'S SIGNATURE Leroy M. Fockler Deputy Local
24. FUNERAL DIRECTOR Robert M Goodling ADDRESS Seven Valleys, Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

63066

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown; LENGTH OF STAY (in this place) 17 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 437 Brewer Ave.; MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wash; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown; STREET ADDRESS (If rural, give location) 437 Brewer Ave.

3. NAME OF DECEASED (Type or Print): (First) Edna (Middle) Lee (Last) Flint

4. DATE OF DEATH: (Month) March (Day) 31 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 15, 1906

9. AGE last birthday: 42 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Buena Vista Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Howard D. Sale

14. MOTHER'S MAIDEN NAME: Mary Shirkey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: -------

17. INFORMANT: Hansford Flint

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

171 Immediate cause (a) Toxemia, inanition — Interval between onset and death: 3 dy

48a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Ca rcinoma, cervical — 2½ yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): ---- m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1948, to March, 1949, that I last saw the deceased alive on March 30 1949, and that death occurred at 6:20 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert F. Kradle — ADDRESS 132 W. WASHINGTON ST. HAGERSTOWN, MARYLAND — DATE SIGNED 3-31-49

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE: April 1, 1949 — NAME OF CEMETERY OR CREMATORY: Green Hill — LOCATION (City, town, or county) (State): Buena Vista Va.

DATE REC'D BY LOCAL REG.: Mar. 31, 1949 — REGISTRAR'S SIGNATURE: Blanche M. Bowers

24. FUNERAL DIRECTOR: Scott F. Minnich & Son — ADDRESS: Hag. Md.

RECEIVED
APR 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03067

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1215 Virginia Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 1215 Virginia Avenue

3. NAME OF DECEASED (Type or Print): (First) Ruth Lorraine (Middle) (Last) Foltz
4. DATE OF DEATH: (Month) Mar. (Day) 4 (Year) 1949

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3-10-30
9. AGE last birthday: 18 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Noah Thomas
14. MOTHER'S MAIDEN NAME: Eleanor Mayes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: Frederick A. Foltz

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a)

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Asphyxia from illuminating gas (suicide)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YXXX No

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Suicide
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home
(CITY OR TOWN): Hagerstown (COUNTY): Washington (STATE): Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY: Mar. 4 49 6:30 P.M.
INJURY OCCURRED While at Work ☐ Not While At work XX
HOW DID INJURY OCCUR? Illuminatinggas poisoning

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at about 7 P.M., from the causes and on the date stated above.

SIGNATURE: Dr. Robert Wells M.D., DEPUTY MEDICAL EXAM. WASH. CO., MD. (Degree or title)
ADDRESS: Hagerstown, Md. 115 N. Potomac
DATE SIGNED: 3/5/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 3-7-49
NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery
LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REG.: Mar 7. 1949
REGISTRAR'S SIGNATURE: Chas H. Howard
24. FUNERAL DIRECTOR: C. M. Suter & Sons, Hagerstown, Md.
ADDRESS

RECEIVED
MAR 9 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03068

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL-Hagerstown
LENGTH OF STAY (in this place) 25yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hagerstown RFD#4

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL-Hagerstown
STREET ADDRESS (If rural, give location) RFD#4 Near Clearfoss

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Elizabeth (Last) Forsythe

4. DATE OF DEATH: (Month) March (Day) 21, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 16, 1872

9. AGE last birthday: 76 yrs. If under 1 year: Months 7, Days 5. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Christorpher Bassett West.

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Barney.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mr. Charles L. Forsythe

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Cardiac Failure	4 days
442 Antecedent cause(s)		
1312 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardiovascular & Renal Disease	16 yrs.
	(c) Rheumatoid Arthritis	4 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): None (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? None.

22. I hereby certify that I attended the deceased from Feb. 20, 1933, to March 21, 1949, that I last saw the deceased alive on March 20, 1949, and that death occurred at 5:15 A. m., from the causes and on the date stated above.

SIGNATURE W. Howard Yeager (Degree or title) M.D. ADDRESS Hagerstown, Md. DATE SIGNED Mar. 22, 1949.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 3/23/49 | NAME OF CEMETERY OR CREMATORY: Riverview Cemetery | LOCATION (City, town, or county) (State): Williamsport, Maryland

DATE REC'D BY LOCAL REG. Mar. 22, 1949 | REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR: Edith V. Leaf ADDRESS: Williamsport, Maryland

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
MAR 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03069

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH · COUNTY: Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown — LENGTH OF STAY (In this place): 5 mo.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. Co. Hospital	STREET ADDRESS (If rural give location): 54 West Franklin Street

3. NAME OF DECEASED (Type or Print)	(First) Gary	(Middle) Nelson	(Last) Freshour	4. DATE OF DEATH	(Month) 3-	(Day) 30	(Year) 1949
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: Nov. 14-48	9. AGE last birthday: yrs.	If under 1 year: Months 4	Days 16	If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country): Wash Co			12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME: Raymond Nelson Freshour			14. MOTHER'S MAIDEN NAME: Estelle Robinson Margaret				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT: Raymond Freshour				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
480 Immediate cause	(a) Bronchopneumonia - O.K.	15 hours
33a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Influenza	2 days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION: NONE	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify): No	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour): No m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 3/30, 1949, to 3/30, 1949, that I last saw the deceased alive on 3/30, 1949 and that death occurred at 9:30 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J B Nouvent Mo		119 E Antietam St Hagerstown	Md 3/31/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burail	4-1-49	Rose Hill Cemetery	Hagerstown	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Apr. 1, 1949	Chas H. Towers	C. M. Suter & Sons, Hagerstown, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 4 1949
BUREAU V. S.

18

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03070

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cascade — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Ritchie Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gaithersburg
STREET ADDRESS (If rural, give location): RFD #3

3. NAME OF DECEASED (Type or Print): (First) Norman (Middle) Miller (Last) Gassaway
4. DATE OF DEATH: (Month) March (Day) 20 (Year) 1949
5. SEX: ~~White~~ Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: 1888
9. AGE last birthday: 61 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Alexander Gassaway
14. MOTHER'S MAIDEN NAME: Betty Miller
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unk. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

177 Immediate cause (a) Carcinoma of Prostate Gland — ?

51b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Before Dec. 8, 1948 ?
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of the Prostate c̄ Metastasis of bones of Pelvis
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 8, 1948, to Mar. 20, 1949, that I last saw the deceased alive on Mar. 20, 1949, and that death occurred at 10:30 P. m., from the causes and on the date stated above.

SIGNATURE: Daniel Lai — (Degree or title) M.D. — ADDRESS: Ritchie Hospital — DATE SIGNED: Mar. 20, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Cremate — DATE THEREOF: 3/23/49 — NAME OF CEMETERY OR CREMATORY: [illegible] — LOCATION (City, town, or county) (State): Bladensburg, Md.

DATE REC'D BY LOCAL REG.: 3/21/49 — REGISTRAR'S SIGNATURE: John R. Cochran, By Local Registrar — 24. FUNERAL DIRECTOR: [illegible] — ADDRESS: Gaithersburg, Md.

VS. A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 24 1949
BUREAU U. S.

03071

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 301

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH
COUNTY: Washington Co. — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Williamsport, Md. — LENGTH OF STAY (in this place): 18 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Williamsport San. 154 N. Artizan St, Williamsport, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Pa — COUNTY: FRANKLIN
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Green Castle
STREET ADDRESS (If rural, give location): 156 E. Baltimore st. ✓

3. NAME OF DECEASED (Type or Print): (First) Elmer (Middle) (Last) Gonso

4. DATE OF DEATH: (Month) March (Day) 30, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED~~, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Sept 22, 1883

9. AGE last birthday: 65 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Saddler, retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elmer Gonso

14. MOTHER'S MAIDEN NAME: Minnie Gonso

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Elmer Gonso

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Tuberculosis (?) 1st & 2nd lumbar Vertebrae — 10 mos

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) None.

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None.

16 012.0

19a. DATE OF OPERATION: Feb. 1945

19b. MAJOR FINDINGS OF OPERATION: Not known. W. M. Hosp. Balto.

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 5, 1948, to Mar. 30, 1949, that I last saw the deceased alive on Mar. 29, 1949, and that death occurred at 12 40 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. Zimmerman, M.D. Williamsport Md. Mar 30, 49

23. BURIAL, CREMATION REMOVAL (Specify): B — DATE — NAME OF CEMETERY OR CREMATORY: Cedar Hill — LOCATION (City, town, or county) (State): Greencastle, Pa.

DATE REC'D BY LOCAL REG.: March 31-49 — REGISTRAR'S SIGNATURE: E. Lee McElroy

24. FUNERAL DIRECTOR: A. E. Mennich — ADDRESS

RECEIVED
APR 4 1949
BUREAU V. S.

03072

17 M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 306

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade; LENGTH OF STAY (in this place) 9 months; HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 1817 St. Paul Street ✓

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) Grant

4. DATE OF DEATH: (Month) March (Day) 10 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1865

9. AGE last birthday: 84 yrs. — If under 1 year: Months; Days — If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Physician

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Penn.

12. CITIZEN OF WHAT COUNTRY: USA.

13. FATHER'S NAME: William Grant

14. MOTHER'S MAIDEN NAME: Emma Stewart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Hospital record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 **Immediate cause** (a) Arteria-Sclerotic Heart Disease — Interval Between Onset and Death: ?

93d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General Arteria-sclerosis — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Prostate gland.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1948, to March 10, 1949, that I last saw the deceased alive on March 10, 1949, and that death occurred at 4:45 P.M., from the causes and on the date stated above.

SIGNATURE: Daniel Rai (Degree or title) M.D. ADDRESS: Ritchie Hospital. DATE SIGNED: March 10, 1949

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE THEREOF: 3-13-49 — NAME OF CEMETERY OR CREMATORY: Wesley Chapel — LOCATION (City, town, or county) (State): Rock Hall Md

DATE REC'D BY LOCAL REG.: 3/11/49 — REGISTRAR'S SIGNATURE: John P Cochran by Local Registrar

24. FUNERAL DIRECTOR: Edgar L Lane — ADDRESS: Church Hill Md

VS. A15

RECEIVED
MAR 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03073

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Washington — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY (in this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wash
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 1141 Fairview Road

3. NAME OF DECEASED (Type or Print): (First) Judy (Middle) Diane (Last) Griffith

4. DATE OF DEATH: (Month) Mar. (Day) 19 (Year) 19 49

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Nov. 9, 1941

9. AGE last birthday: 7 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY: Public School

11. BIRTHPLACE (State or foreign country): Texas

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Herman A. Griffith

14. MOTHER'S MAIDEN NAME: Aleda Hart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)

16. SOCIAL SECURITY NO. -----

17. INFORMANT: Herman A. Griffith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Encephalitis, measles	2 hours
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) measles	4 days
	(c)	

035.0

35

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 15, 1949, to Mar 19, 1949, that I last saw the deceased alive on Mar 19, 1949, and that death occurred at 11:45a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert V. L. Campbell M.D. | ADDRESS Hagerstown Md. 145 W. Washington St | DATE SIGNED 3/21/49

23. BURIAL, CREMATION REMOVAL | DATE Mar. 21, 1949 | NAME OF CEMETERY OR CREMATORY Breckenridge | LOCATION (City, town, or county) (State) Breckenridge Texas

DATE REC'D BY LOCAL REG. Mar. 21 1949 | REGISTRAR'S SIGNATURE Chas. A. Bowers

24. FUNERAL DIRECTOR Scott F. Minnich & Son | ADDRESS Hag. Md.

RECEIVED
MAR 23 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03074

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY WA SHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (In this place) 48 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 707 Washington Ave.

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Frankl in (Last) Griffith

4. DATE OF DEATH (Month) March (Day) 22 (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 28 Aug 1879

9. AGE last birthday 69 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired shoe cutter.

10b. KIND OF BUSINESS OR INDUSTRY Shoe manufact.

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S. A.

13. FATHER'S NAME John Griffith

14. MOTHER'S MAIDEN NAME Cecelia Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)

16. SOCIAL SECURITY NO. 214-09-5721

17. INFORMANT Mrs. Lula H. Griffith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) acute pulmonary artery thrombosis	20 min
Antecedent cause(s)	femoral artery thrombosis	36days
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ~~Vascular hypertension~~	~~10yrs~~
	(c) Hemiplegia (rt)	5 yrs

334

83d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Mar. 11, 1949

19b. MAJOR FINDINGS OF OPERATION femoral artery thrombosis--gangrene leg(rt)

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) NO

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 23, 1946, to Mar. 22, 1949, that I last saw the deceased alive on Mar. 22, 1949, and that death occurred at 6:42 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) S. Robert Wells, M.D. ADDRESS 115 N. Potomac Hagerstown, Md. DATE SIGNED 3/24/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE March 25, 1949

NAME OF CEMETERY OR CREMATORY Ro se Hill

LOCATION (City, town, or county) Hagerstown (State) Maryland

DATE REC'D BY LOCAL REG. Mar. 25, 1949

REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR W. T. Norment, Hagerstown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 28 1949
BUREAU V. S.

03075

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 1681 Virginia Avenue

3. NAME OF DECEASED (Type or Print) (First) ~~Baby Girl~~ (Middle) Heley Harriman (Last)

4. DATE OF DEATH (Month) 3 (Day) 14 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) infant
8. DATE OF BIRTH 3/14/49
9. AGE last birthday yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours 10 Min. 23

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Edward Erwin Harriman
14. MOTHER'S MAIDEN NAME Marguerite Louise Schmidt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776 Immediate cause (a) Prematurity (5½ mo) — INTERVAL BETWEEN ONSET AND DEATH: 10 hrs

159 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 14 Mar, 1949, to 14 Mar, 1949, that I last saw the deceased alive on 14 Mar, 1949, and that death occurred at 2 30 P m., from the causes and on the date stated above.

SIGNATURE F. F. Lusky (Degree or title) 2 30 P Ritomas ADDRESS DATE SIGNED 15 Mar 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Mar. 15, 1949
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) Hagerstown (State) Md

DATE REC'D BY LOCAL REG. Mar 15, 1949
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR Andrew K. Coffman, Hagerstown, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 18 1949
BUREAU V. S.

03076

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Chewsville
LENGTH OF STAY (in this place) 28 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS none

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Chewsville Md
STREET ADDRESS (If rural give location) none

3. NAME OF DECEASED (Type or Print) (First) Nettie (Middle) Elizabeth (Last) Hartle
4. DATE OF DEATH (Month) March (Day) 30 (Year) 1949
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH May 5 1867
9. AGE last birthday 81 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeping
10b. KIND OF BUSINESS OR INDUSTRY House Keeping
11. BIRTHPLACE (State or foreign country) Smithsburg Wash. Md
12. CITIZEN OF WHAT COUNTRY? Washington
13. FATHER'S NAME Isaac Shank
14. MOTHER'S MAIDEN NAME Elizabeth Unger
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) none
16. SOCIAL SECURITY NO. none
17. INFORMANT Robert L. Hartle

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
331	Immediate cause	(a) Cerebral Hemorrhage	4 day
83a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	10 years
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 2 1949 to Mar 30 1949 that I last saw the deceased alive on Mar 30, 1949 and that death occurred at 9.45 m., from the causes and on the date stated above.

SIGNATURE G. A. Kohler (Degree or title) MD ADDRESS Smithsburg DATE SIGNED 4/1/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE April 2. 1949
NAME OF CEMETERY OR CREMATORY Rose Hill
LOCATION (City, town, or county) Hagerstown Wash. Co. (State) Md

DATE REC'D BY LOCAL REG. Apr. 1 1949
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Geo. B. Hoover ADDRESS Smithsburg Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03077

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Hagerstown; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 636 Washington Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 636 Washington Avenue

3. NAME OF DECEASED (Type or Print): (First) Clara (Middle) Irene (Last) Herrmann

4. DATE OF DEATH: (Month) 3 (Day) 2 (Year) 19 49

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Sept. 15-1893

9. AGE last birthday: 55 yrs. If under 1 year: Months 5 Days 15 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hagerstown, Wash. Co. Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Jacob I. Mullenix

14. MOTHER'S MAIDEN NAME: Gertrude I. Wiebel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Edward W. Herrmann

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive heart failure — 2 hrs.

420.0

Antecedent cause(s)

93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic heart disease — 5 yrs.

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) Hagerstown (COUNTY) Washington (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 42, 19, to Mar. 2, 19 49, that I last saw the deceased alive on 2.30.49, 19, and that death occurred at 2:10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Earl Young MD

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 3-4-49 | NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery | LOCATION (City, town, or county): Hagerstown (State): Md.

DATE REC'D BY LOCAL REG.: Mar. 4. 1949 | REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: C. M. Suter & Sons, Hagerstown, Md. ADDRESS

VS. A15

RECEIVED
MAR 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03078

CERTIFICATE OF DEATH

Reg. Dist. No. 307

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pleasantville
LENGTH OF STAY (in this place) 28 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D.#1, Harpers Ferry, W.Va.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Washington COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pleasantville
STREET ADDRESS (If rural, give location) R.F.D.#1, Harpers Ferry, W.Va.

3. NAME OF DECEASED (Type or Print): (First) Florence (Middle) Virginia (Last) Hoffman

4. DATE OF DEATH: (Month) March (Day) 14, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3/14/1873

9. AGE last birthday: 75 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Shepherdstown, West Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Benjamin Franklin Hoffman

14. MOTHER'S MAIDEN NAME: Mary Badger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Charles H. Hoffman, R.F.D. #1, Harpers Ferry, West Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerosis — Interval Between Onset and Death: Years

450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

97 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/10, 1948 to 3/14, 1949, that I last saw the deceased alive on 12/15, 1948, and that death occurred at 3:15 P.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS [illegible] DATE SIGNED 3/16/49

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF: 3/17/49

NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery

LOCATION (City, town, or county) (State): Shepherdstown, West Va.

DATE REC'D BY LOCAL REG.: Mar 16 1949

REGISTRAR'S SIGNATURE: Caroline W. Castle, Deputy

24. FUNERAL DIRECTOR: Malin T. Strider

ADDRESS: Charles Town, W.Va

VS/A15

RECEIVED
MAR 18 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03079

Reg. Dist. No. 3021

1. PLACE OF DEATH: COUNTY Washingyon; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (in this place) 28 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1126 Hamilton Blvd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown, Md
STREET ADDRESS (If rural give location) 1126 Hamilton, Blvd.

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) T (Last) Hollinger

4. DATE OF DEATH: (Month) Mar (Day) 30 (Year) 19 49

5. SEX: Female

6. COLOR OR RACE: White

7. WIDOWED, [redacted] (Specify)

8. DATE OF BIRTH: Mar 30, 1949

9. AGE last birthday: 8889 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Home work

11. BIRTHPLACE (State or foreign country): New Chester, Pa.

12. CITIZEN OF WHAT COUNTRY: U.S

13. FATHER'S NAME: Theador Taughinbaugh

14. MOTHER'S MAIDEN NAME: Catherine Livingston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: No

17. INFORMANT: (Son) Thomas N. Hollinger

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Broncho-Pneumania — Interval Between Onset and Death: 2-3 days

903.0 Antecedent cause(s)

186a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) fracture of right hip-joint

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): 3 28 1949 noon

INJURY OCCURRED While at Work ☐ Not While At work ☑

HOW DID INJURY OCCUR? Fell to floor while standing beside bed

22. I hereby certify that I attended the deceased from Jan. 1, 1947, to 3/30, 1949, that I last saw the deceased alive on 3/29, 1949, and that death occurred at ____ m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Victor D. Miller DR. VICTOR D. MILLER

ADDRESS 131 W. WASHINGTON ST., HAGERSTOWN, MD.

DATE SIGNED

23. BURIAL, [redacted] (Specify) DATE April 2, 1949

NAME OF CEMETERY OR CREMATORY: Rest Haven

LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REG.: Mar. 3, 1949

REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: Fred W. Kraiss, Hagerstown, Md.

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 2 1949
BUREAU V. S.

03080

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 316

1. PLACE OF DEATH · COUNTY: Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Keedysville — LENGTH OF STAY (in this place): 10 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Keedysville
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print)	(First) Alice	(Middle) J.	(Last) Hopper	4. DATE OF DEATH	(Month) March	(Day) 16	(Year) 1949
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: March 4, 1864	9. AGE last birthday: 85 yrs.	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-wife	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Myersville-Fred-Md	12. CITIZEN OF WHAT COUNTRY? U.S.				
13. FATHER'S NAME: Unknown	14. MOTHER'S MAIDEN NAME: Unknown						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: None	17. INFORMANT: Charles Franklin Hopper					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cholecystitis	1 Mo.
4222 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Myocarditis	2 Yrs.
	(c) Heart Failure	Sudden
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Intestinal Indigestion.	2 Yr

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 16, 1949, to Mar. 16, 1949, that I last saw the deceased alive on Mar. 16, 1949, and that death occurred at 7.10P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
J. Hubert Mades, M.D.	Boonsboro, Md.	Mar. 18, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: March 19, 1949	NAME OF CEMETERY OR CREMATORY: Rose-Hill	LOCATION (City, town, or county) (State): Hagerstown, Md
DATE REC'D BY LOCAL REG.: Mar 19 49	REGISTRAR'S SIGNATURE: R H Geeting	24. FUNERAL DIRECTOR: R. I. Earnshaw	ADDRESS: Keedysville, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 23 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03081

CERTIFICATE OF DEATH

Reg. Dist. No. 305

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Washington — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Zittlestown Rural — LENGTH OF STAY (in this place): 70 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Boonsboro md. R. 2

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Washington.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Zittlestown Rural.
STREET ADDRESS (If rural give location): Boonsboro md. R. 2.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Sarah	Catherine	Hutzell	March	25.	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	Aug. 22 - 1857	91-7-3 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House wife.	Own Home	near Boonsboro Wash. Co. md	U.S.A.

13. FATHER'S NAME: Price Ford.

14. MOTHER'S MAIDEN NAME: Mary Stuyre

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No.	None.	Miss Maude Hutzell Boonsboro Md. R.2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
422.2 Immediate cause	(a) Chronic Myocarditis	2 yrs.
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Dry Gangrene of left foot	2 mos.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Jan. 1, 1949, to March 26, 1949, that I last saw the deceased alive on March 25, 1949, and that death occurred at 1 p. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. W. Sellman	M.D	Boonsboro	3/26/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial.	March. 27. 1949	Boonsboro Cemetery	Boonsboro Wash. Co. md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
March. 26. 1949	John H. Bast	Wm. D. Bast & Sons. Boonsboro md.

RECEIVED
MAR 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03082

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 1 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Hagerstown, Md, Washington COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 434 George St.

3. NAME OF DECEASED (Type or Print) (First) ~~Twin Child of George~~ (Middle) Jones # 2. (Last)
JERRY ELDON

4. DATE OF DEATH (Month) March (Day) 9, (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Mar 8, 1949
9. AGE last birthday yrs. If under 1 year Months. Days 1 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Hagerstown
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME George William Jones
14. MOTHER'S MAIDEN NAME Frances Elizabeth Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT George Jones

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5 Immediate cause (a) Atelectasis

159 Antecedent cause(s) (b) Prematurity wt 1' 14"

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

INTERVAL BETWEEN ONSET AND DEATH: 1 day.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 March, 1949, to 9 March, 1949, that I last saw the deceased alive on 9 March, 1949, and that death occurred at 5:30 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Eldon H Vaughn
ADDRESS Hagerstown
DATE SIGNED 3/11/49

23. BURIAL, ~~CREMATION REMOVAL (Specify)~~
DATE Mar 11, 1949,
NAME OF CEMETERY OR ~~CREMATORY~~ Rose Hill
LOCATION (City, town, or county) Hagerstown, Md. (State)

DATE REC'D BY LOCAL REG. Mars. 11, 1949
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Fred W. Kraiss, Hagerstown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 14 1949
BUREAU V. S.

03083

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

M

C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

T

1. PLACE OF DEATH: COUNTY Washington Hagerstown MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Hagerstown COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 1 Day	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstonw.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital	STREET ADDRESS (If rural, give location) 434 George St.

3. NAME OF DECEASED (Type or Print) (First) ~~Twin child of George~~ (Middle) Jones (Last) #1.	4. DATE OF DEATH (Month) March (Day) 9th (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months.	Days	If under 24 hrs. Hours	Min.
Male	White		Mar 8, 1949	yrs.		1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Hagerstown, Md.	U S

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George William Jones	Frances Eliz. Davis.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		George Jones

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

762.5 Immediate cause (a) Atelectasis. — 1 day.

Antecedent cause(s)

159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity wt 2'4"

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 8 Mar, 1949, to 9 Mar, 1949, that I last saw the deceased alive on 9 Mar, 1949, and that death occurred at 10:25 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Elbert H Vaelhud		A Agustin Md	3/11/49.

23. BURIAL, ~~CREMATION REMOVAL (Specify)~~	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	Mar 11, 49	Rose Hill	Hagerstown, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar. 11. 1949	Chas H. Bowers	Fred W. Kraiss, Hagerstown, Md.	

RECEIVED
MAR 14 1949
BUREAU V. S.

Dr. Lusby

03084

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH · COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 1 Week
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural give location): 1 E. Baltimore St.

3. NAME OF DECEASED (Type or Print): (First) MRS ELIZABETH (Middle) LUDWIG (Last) KEEDY

4. DATE OF DEATH: (Month) March (Day) 1 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: December 1878

9. AGE last birthday: 70 yrs. — If under 1 year: Months 2, Days 21 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Fredrick Ludwig

14. MOTHER'S MAIDEN NAME: Elizabeth Weber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): ----

16. SOCIAL SECURITY No.: None

17. INFORMANT: Mr. A. Osborne Keedy Sr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 — Immediate cause (a) Fracture Left Femur (Impacted, Neck) Surgical — 6 days

186a — Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio sclerotic Cardio Vascular Disease — 10 yrs +

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home — (CITY OR TOWN): Hagerstown — (COUNTY): Wash — (STATE): Md

TIME OF INJURY (Month) (Day) (Year) (Hour): Feb 23 49 11 P m. — INJURY OCCURRED While at Work ☐ Not While At work ☒ — HOW DID INJURY OCCUR? Fell on floor- Lost her balance-

22. I hereby certify that I attended the deceased from 23 Feb, 1949, to 1 Mar, 1949, that I last saw the deceased alive on 1 Mar, 1949, and that death occurred at 9 20 P m., from the causes and on the date stated above.

SIGNATURE: F F Lusby — (Degree or title) — ADDRESS: 230 N Potomac Hagerstown Md — DATE SIGNED: 3 Mar 49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 3/4/49 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county): Hagerstown — (State): Md.

DATE REC'D BY LOCAL REG. Mar 4. 1949 — REGISTRAR'S SIGNATURE: Chas H Bowers

24. FUNERAL DIRECTOR: Andrew K. Coffman — ADDRESS: Hagerstown Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
MAR 8 1949
BUREAU V. S.

RECEIVED
MAR 1949
BUREAU V. S.

1948
70
1875

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Dr. Lusby

03085

Reg. Dist. No. 303

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Washington; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hagerstown
LENGTH OF STAY (in this place) 33 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Security Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hagerstown
STREET ADDRESS (If rural give location) Security Road

3. NAME OF DECEASED (Type or Print): (First) Mrs. Alice (Middle) Baker (Last) Keller

4. DATE OF DEATH: (Month) March (Day) 6 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan 2 1872

9. AGE last birthday: 77 yrs. If under 1 year: Months 2, Days 4; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Myersville Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel Baker

14. MOTHER'S MAIDEN NAME: Malinda Dutrow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT: Mrs. Myrtle Holmes

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Cardio Vascular Disease with Myocardial failure

Interval between onset and death: 10 yrs +

422.1 93d

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Nil

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Nil

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 Mar, 1949, to 6 Mr, 1949, that I last saw the deceased alive on 5 Mar, 1949, and that death occurred at 6 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) F F Lusby ADDRESS 230 N Potomac St Hagerstown Md DATE SIGNED 8 Mr 49

23. BURIAL, CREMATION / REMOVAL (Specify): Burial
DATE: 3/9/49
NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REG.: Mar. 8. 1949
REGISTRAR'S SIGNATURE: Clark H. Rogers

24. FUNERAL DIRECTOR: Andrew K. Coffman ADDRESS: Hagerstown Md

RECEIVED
MAR 10 1949
BUREAU V. S.

& DEATH 03086

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF ~~STILLBIRTH~~

Reg. Dist. No. 302

A certificate must be filed within 24 hours for every still birth of 20 weeks' gestation or more (see stub)

1. PLACE OF BIRTH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street address, hospital, or institution: 111 Elizabeth Street
Length of mother's stay in County 18 years
(How many years, or months, or days. SPECIFY WHICH)

2. USUAL RESIDENCE OF MOTHER:
State Maryland
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 111 Elizabeth St.
(If RURAL give LOCATION)

3. Name of child Teresa Amy Keller
4. Date of birth Mar. 18, 1949 Hour 10:55 A.M.
5. Sex Female | 6. Twin or triplet
7. No. of weeks pregnancy Full term

FATHER OF CHILD
8. Full name Charles Oliver Keller
9. Color White 10. Age at time of this birth 22 yrs.
11. Usual occupation Laborer (chemical plant)

MOTHER OF CHILD
12. Full maiden name Doris May Morrison
13. Color White 14. Age at time of this birth 18 yrs.
15. Usual occupation Housekeeper

16. Other children born to mother (not including present child): (a) How many children of this mother are now living? 1
(b) How many other children were born alive but are now dead? 0 (c) How many other children were *born* dead? 0

17. Did child die before labor? No During labor? No
18. Pregnancy, complications of None
19. Labor: (a) Complications of None
(b) Induced? No
20. (a) Was there an operation for delivery? No (Yes or No)
(b) State all operations, if any None
(c) Did child die before operation? No operation.
During operation? No

21. Cause of ~~stillbirth~~ BIRTH or DEATH. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.
7620 (a) Fetal causes Atelectasis & hemorrhage
161a (b) Maternal causes None) into lungs of unknown cause - autopsy report.
22. I certify to the birth of this child who was born dead* on the date and hour above stated.
Signature R. A. Bell
(Specify if M. D., ~~midwife, or other~~)
Address Hagerstown, Maryland

23. (a) Burial (Burial, cremation or removal) (b) Date thereof Mar 20 1949 (month) (day) (year)
(c) Cemetery or crematory Manor Cemetery
24. (a) Funeral director Fred W. Kraiss.
(b) Address Hagerstown, Md.

25. (a) Mar. 19, 1949 (Date rec'd by registrar) (b) Chas. H. Bowers (Registrar)
26. (To be filled out if no physician was present at delivery.) The above certificate has been examined by me.
Health Officer, per

* See Instruction C on stub.

V. S. A10

Child lived 4 hours.

C

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T

RECEIVED
MAR 22 1949
BUREAU V. S.

Dr. Kohler

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03087

Reg. Dist. No. 386

1. PLACE OF DEATH · COUNTY: Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Smithsburg, R. #2 — LENGTH OF STAY (in this place): 34 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Smithsburg, R #2
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Smithsburg, R #2	STREET ADDRESS (If rural give location): none

3. NAME OF DECEASED (Type or Print)	(First) Amanda	(Middle) Sophia	(Last) Kendall	4. DATE OF DEATH	(Month) March	(Day) 7	(Year) 1949
5. SEX: Female	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married	8. DATE OF BIRTH: Oct. 23, 1883	9. AGE last birthday: 65 yrs.	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife	10b. KIND OF BUSINESS OR INDUSTRY: own home	11. BIRTHPLACE (State or foreign country): Wolfsville, Fred. Cty., Md.	12. CITIZEN OF WHAT COUNTRY? U. S. A.				
13. FATHER'S NAME: George Kline	14. MOTHER'S MAIDEN NAME: May Duble						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: none	17. INFORMANT: Jesse J. Kendall					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	10 days
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio Sclerosis	7 yrs
	(c)	

331

83a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ✓	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) Smithsburg (COUNTY) Wash (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 25, 1949, to Mar 7, 1949, that I last saw the deceased alive on Mar 7, 1949, and that death occurred at 4:45 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
G. A. Kohler	M.D.	Smithsburg	3/7/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 3 - 10-1949	NAME OF CEMETERY OR CREMATORY: Smithsburg Cemetery	LOCATION (City, town, or county) (State): Smithsburg, Md.
DATE REC'D BY LOCAL REG.: Mar 9 - 49	REGISTRAR'S SIGNATURE: Geo. W. Ferguson local Reg	24. FUNERAL DIRECTOR: Andrew K. Coffman, Hagerstown, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03088

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hagerstown
STREET ADDRESS (If rural, give location) Hagerstown Rt. 2

3. NAME OF DECEASED (Type or Print): (First) Clarence (Middle) E. (Last) Kershner
4. DATE OF DEATH: (Month) March (Day) 3 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 2, 1883
9. AGE: Last birthday 65 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Broker
10b. KIND OF BUSINESS OR INDUSTRY: Real Estate
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Jacob Kershner
14. MOTHER'S MAIDEN NAME: Susan Chrisman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: 220-16-3342
17. INFORMANT: Mrs. Ernest Corderman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Posterior Coronary occlusion	10 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiac decompensation due to(a)	7 days
	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 Feb., 1949, to 3 March, 1949, that I last saw the deceased alive on 3 March, 1949, and that death occurred at 12:30p m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Elbert S A Voelker M D | ADDRESS: Hagerstown Md | DATE SIGNED: 3/4/49.

23. BURIAL, CREMATION, REMOVAL: Buried | DATE: March 6, 1949 | NAME OF CEMETERY OR CREMATORY: Rest Haven | LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REG.: Mar 5 1949 | REGISTRAR'S SIGNATURE: Chas H Bowers

24. FUNERAL DIRECTOR: Scott F. Minnich & Son | ADDRESS: Hag. Md.

VS. A15

RECEIVED
MAR 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03089

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County: WASHINGTON

City or town: HAGERSTOWN
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 Mos.

Hospital, institution, or street address where death occurred: GARLOCK NURSING HOME

How long in hospital or institution? 5 Mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: PENNA. County: FRANKLIN

City or town: MERCERSBURG,
(If outside city or town limits, write RURAL and give nearest town)

Street No.: R. 1
(If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3. (a) FULL NAME: Mrs Ada. C Kiser

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Fem.	White	Widow

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept. 21, 1871

8. AGE:

Years	Months	Days	If less than one day
77	6	6	hrs. min.

9. Birthplace: FT. LOUDON, PA.
(Town, county, and state)

10. Usual occupation: Housekeeper

11. Industry or business:

FATHER
12. Name: JOHN STRAITIFF
13. Birthplace: FT. LOUDON, PA.

MOTHER
14. Maiden name: CATHERINE McKINNIE
15. Birthplace: PENNA.

16. Informant: Chas. Kiser
Address: Mercersburg, Pa. R. 1

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 3/30/49 (month) (day) (year)

Cemetery or crematory: Spring Grove Cem.

Location: Lemasters, Franklin Co., Pa.

18. Funeral director: F. M. Lininger

Address: Mercersburg, Pa.

19. Mar. 28 1949 Chas H Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 27 Mar 49 19 at 6P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12 Sept 1948 to 27 Mar 1949 and that I last saw her alive on 26 Mar 1949

Immediate cause of death	DURATION
Arterio sclerotic Cardio Vascular Disease	10 yrs +
Due to	
422.1	
Due to 93d	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: NN

Date of op.

Autopsy results: NN

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: F F Lusby M. D. or other

Address: 230 N Potomac Date signed: 28 Mar 49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-1

RECEIVED
MAR 30 1949
BUREAU F. S.

03090

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH · COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS 602 Brighton Place	STREET ADDRESS (If rural give location) 602 Brighton Place

3. NAME OF DECEASED (Type or Print) (First) Clara L. Knode (Middle) (Last)			4. DATE OF DEATH (Month) Mar. (Day) 19 (Year) 49		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow	8. DATE OF BIRTH May 20-1890	9. AGE last birthday 59 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Duties	10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Hagerstown, Md.	12. CITIZEN OF WHAT COUNTRY U S A	
13. FATHER'S NAME Otho Potter			14. MOTHER'S MAIDEN NAME Alma Coffman		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Leda Poffenberger		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

155 Immediate cause (a) Adenocarcinoma of Gall Bladder & Liver

46P Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) None — 5 months

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION Oct. 23, 1948 — 19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma of Gall Bladder & Liver — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 23, 1948, to Mar. 19, 1949, that I last saw the deceased alive on Feb. 25, 1949, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) R. A. Bell M.D. — ADDRESS Hagerstown Md. — DATE SIGNED Mar. 21, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Mar. 22-49	NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	LOCATION (City, town, or county) (State) Hagerstown, Md.
DATE REC'D BY LOCAL REG. Mar. 22, 1949	REGISTRAR'S SIGNATURE Chas H. Bowers	24. FUNERAL DIRECTOR Fred W. Kraiss	ADDRESS Hagerstown, Md. 139 N. Potomac St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 24 1949
BUREAU V. S.

03091

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 304

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HANCOCK
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HANCOCK
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) RUSSEL (Middle) B. (Last) LANEHART
4. DATE OF DEATH (Month) 3 (Day) 21 (Year) 1949
5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH 3-29-1898
9. AGE last birthday 50 yrs. If under 1 year Months 11 Days 21 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GUARD
10b. KIND OF BUSINESS OR INDUSTRY AIRCRAFT INDUSTRY
11. BIRTHPLACE (State or foreign country) W. VA.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME UNKNOWN
14. MOTHER'S MAIDEN NAME UNKNOWN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If year, give war or dates of service) W.W. 1
16. SOCIAL SECURITY NO. 705-10-7940
17. INFORMANT LEROY LANEHART

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

421 f Immediate cause (a) Acute Heart Failure

Antecedent cause(s)

92 e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic myo and

(c) endocarditis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) no
(CITY OR TOWN) Hancock (COUNTY) Wash (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) no m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from Jan, 1939, to Mar 21, 1949 that I last saw the deceased alive on 4/18, 1949, and that death occurred at 2.30 P.m., from the causes and on the date stated above.

SIGNATURE L M Shaffer (Degree or title) MD ADDRESS Hancock Md DATE SIGNED 3/22/49

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE 3-24-48
NAME OF CEMETERY OR CREMATORY Presbyterian Cemetery
LOCATION (City, town, or county) Warfordsburg, Pa. (State)
DATE REC'D BY LOCAL REG. 3/24/49
REGISTRAR'S SIGNATURE J. A. Heller
24. FUNERAL DIRECTOR Snyder-Rowland ADDRESS Hancock, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03092

EVIDENCE FOR CHANGE OF BIRTH DATE IS ON:

FILM No. G 119 MAR 22 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 13 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS 113 N. Foundry St.	STREET ADDRESS (If rural, give location) 113 N. Foundry Street

3. NAME OF DECEASED (Type or Print) (First) John (Middle) H. (Last) Leatherwood			4. DATE OF DEATH (Month) Mar. (Day) 3- (Year) 1949	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 15-~~1869~~ 1879	9. AGE last birthday 69 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY General		11. BIRTHPLACE (State or foreign country) Carroll County, Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME John H. Leatherwood			14. MOTHER'S MAIDEN NAME Sarah L. Pickett	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		16. SOCIAL SECURITY No. 214-09-6799	17. INFORMANT John H. Leatherwood Jr.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
153 Immediate cause	(a) Carcinomatosis	9 mo
Antecedent cause(s) 46 e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of sigmoid	9 mo
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Hypertension cardiovascular disease	1 yr 6 mo

19a. DATE OF OPERATION May 1948	19b. MAJOR FINDINGS OF OPERATION Carcinoma of Sigmoid; partial obstruction	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1948 to March, 1949, that I last saw the deceased alive on Feb 26, 1949, and that death occurred at 3:30A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. T. Layman, M.D.		Hagerstown, Md.	4 March 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-5-49	Rose Hill Cemetery	Hagerstown, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Mar. 5, 1949	Chas. H. Bowers	Fred W. Kraiss - Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
MAR 8 1949
BUREAU V. S.

03093

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Dr. Pine

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH· COUNTY: Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE: Maryland COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown — LENGTH OF STAY (in this place): 1 week	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. Co. Hospital	STREET ADDRESS (If rural give location): 435 Carrolton Ave

3. NAME OF DECEASED (Type or Print)	(First) John	(Middle) D.	(Last) Lloyd	4. DATE OF DEATH	(Month) Mrr. (Day) 18 (Year) 1949 19
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: Apr 2 1872	9. AGE last birthday: 76 yrs.	If under 1 year: Months 11 Days 16; If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer	10b. KIND OF BUSINESS OR INDUSTRY: ---	11. BIRTHPLACE (State or foreign country): Shepherdstown W. Va.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: Daniel Lloyd	14. MOTHER'S MAIDEN NAME: Sarah Fox				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service): No	16. SOCIAL SECURITY NO.	17. INFORMANT: Mrs. Leonard Hahn			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

481

Immediate cause (a) Myodegenerative cardis

Antecedent cause(s) acute decompensation.

930 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) pulmonary edema

(c) Influenza

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/14, 19....., to 3/18, 1949, that I last saw the deceased alive on....., 19....., and that death occurred at 3/18 m., from the causes and on the date stated above.

SIGNATURE: Philip Pines (Degree or title) M.D. — ADDRESS: Wash. County Hospital — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 3/19/49	NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery	LOCATION (City, town, or county) (State): Hagerstown Md.
DATE REC'D BY LOCAL REG.: Mar. 19, 1949	REGISTRAR'S SIGNATURE: Chas. H. Bowers	24. FUNERAL DIRECTOR: Andrew K. Coffman	ADDRESS: Hagerstown Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
MAR 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03094

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Washington; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (In this place) 7 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 440 Salem Avenue

3. NAME OF DECEASED (Type or Print): (First) Silas; (Middle) W.; (Last) Loy

4. DATE OF DEATH: (Month) Mar. (Day) 22 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: 1-8-1871

9. AGE last birthday: 78 yrs. If under 1 year: Months. 2 Days 14 Hours Min. If under 24 hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired carpenter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Taylorstown, Va.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: John Loy

14. MOTHER'S MAIDEN NAME: Jane Best

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: Mrs. Louise Harmen

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442
131a

Immediate cause (a) Hypertensive cardiovascular renal disease,

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) None

(c)

INTERVAL BETWEEN ONSET AND DEATH: About 6 months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 4, 1949, to Mar. 22, 1949, that I last saw the deceased alive on Mar. 22, 1949, and that death occurred at 11:40 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

R. A. Breed M.D. Hagerstown Maryland 3-24-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 3-26-49

NAME OF CEMETERY OR CREMATORY: Methodist Cemetery

LOCATION (City, town, or county): Taylorstown (State): Va.

DATE RECD BY LOCAL REG.: Mar 24

REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: C. M. Suter & son, ADDRESS: Hagerstown, Md.

VS. A15

RECEIVED
MAR 28 1949
BUREAU V. S.

Dr. Bell

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03095

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY (in this place) 20 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 825 Georgia Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 825 Georgia Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Roy.	Cleveland	Marty	March.	7 -	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Sept. 1 - 1886	62-6-6 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter.	self employed	near Boonsboro Wash. Co. Md.	U.S.A.

13. FATHER'S NAME Charles Marty
14. MOTHER'S MAIDEN NAME Ida Rickard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
No.		220-09-9158	Melvin W. Marty - 821 Georgia Ave. Hagerstown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Occlusion — 14 Days

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) None

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	None	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
No	No	No		

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
No m.		None

22. I hereby certify that I attended the deceased from 2/21/49, 19....., to 3/7/49, 19....., that I last saw the deceased alive on 3/7/49, 19....., and that death occurred at 3 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Ralph E. Young		Williamsport, Md	3/7/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Mar. 9/1949	Mt. Carmel Cemetery	Mt. Carmel Wash. Co. Md	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar. 7. 1949	Blast Howard	Wm. J. Bast & Sons	Boonsboro Md

RECEIVED
MAR 8 1949
BUREAU V. S.

85

03096

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Big Pool
LENGTH OF STAY (in this place) 39 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 56 -

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Big Pool
STREET ADDRESS (If rural, give location) Route 56.

3. NAME OF DECEASED (Type or Print) (First) Sarah (Middle) Elizabeth (Last) Michaels
4. DATE OF DEATH (Month) March (Day) 6 (Year) 1949
5. SEX Female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH 6-26-1867
9. AGE last birthday 81 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Duties
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Morgan Co. W Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John S. Hovermale
14. MOTHER'S MAIDEN NAME Rebecca Riser
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) no.
16. SOCIAL SECURITY NO. none
17. INFORMANT Miss Nora F. Michael Big Pool, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	2 weeks
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio Sclerosis	10 yrs.
	(c)	

331

83a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 18, 1949, to Mar. 6, 1949, that I last saw the deceased alive on Mar 5, 1949, and that death occurred at 8 A.M. m., from the causes and on the date stated above.

SIGNATURE David R. Brewer (Degree or title) M.D. ADDRESS Clear Spring Md. DATE SIGNED 3/8/49.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3-9-49
NAME OF CEMETERY OR CREMATORY Shanktown Cem.
LOCATION (City, town, or county) Shanktown, Md (State)
DATE REC'D BY LOCAL REG. March 9-1949
REGISTRAR'S SIGNATURE Joseph W. Murray
24. FUNERAL DIRECTOR Adrian T. Rowland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 11 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03097

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY (in this place) 6 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport
STREET ADDRESS (If rural, give location) North Artizan Street

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Hershey (Last) Miller
4. DATE OF DEATH: (Month) March (Day) 13, (Year) 1949

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 11, 1875
9. AGE last birthday: 74 yrs. | If under 1 year: Months 2, Days 2 | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Building Contractor
10b. KIND OF BUSINESS OR INDUSTRY: Contracting
11. BIRTHPLACE (State or foreign country): Williamsport, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George Andrew Miller
14. MOTHER'S MAIDEN NAME: Izora Hershey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mr. Russel Miller

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

334 **Immediate cause** (a) Cerebral apoplexy — Interval between onset and death: 2 wks.

830 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/13/49, 19..., to 3/13/49, 19..., that I last saw the deceased alive on 3/13/49, 19..., and that death occurred at 107 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

C. F. Young M.C. Williamsport Md 3/14/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: March 15, 1949 | NAME OF CEMETERY OR CREMATORY: Greenlawn Cemetery | LOCATION (City, town, or county) (State): Williamsport, Md.

DATE REC'D BY LOCAL REG.: Mar. 14, 1949 | REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: Edith V. Leaf ; ADDRESS: Williamsport, Md.

RECEIVED
MAR 16 1949
BUREAU V. S.

03098

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY WASHINGTON — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 25 High St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
STREET ADDRESS (If rural, give location) 25 High St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ROSE	MARIE	MORRIS	MARCH	8	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Female	White		Jan. 13, 1949	yrs.	1	2.3		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		HAGERSTOWN	U.S.A.

13. FATHER'S NAME: CHARLES MORRIS

14. MOTHER'S MAIDEN NAME: KATHERINE DUNN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: MRS CHARLES MORRIS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Atelectasis Undetermined	
773.0 Antecedent cause(s)		
161a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Pulmonary Consolidation 3-5 mm in size	1 day

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from March 7, 1949, to March 8, 1949, that I last saw the deceased alive on March 7, 1949, and that death occurred at 11:45 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. D. Layman, M.D.		Hagerstown, Md.	9 March 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/10/49	ROSE HILL CEM.	HAGERSTOWN, MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar 9 1949	Chas H Bowers	FRED. W. KRAISS	HAGERSTOWN, MD.

VS. A15

RECEIVED
MAR 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Cb

03099

Reg. Dist. No. 303

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown - R.F.D. 2
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Gateway Convalescent Home

How long in hospital or institution? 3 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: ~~[illegible]~~ Penna. County: ~~[illegible]~~ FRANKLIN

City or town: ~~[illegible]~~ GREENCASTLE, PA.
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war ✓

3. (a) FULL NAME: Mrs. Eva Grace Myers

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	WIDOW

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): Nov. 5, 1877

8. AGE:

Years	Months	Days	If less than one day
71	3	29	... hrs. ... min.

9. Birthplace: MERCERSBURG, PA. R.D.
(Town, county, and state)

10. Usual occupation: House Keeper

11. Industry or business

FATHER
12. Name: CLINTON ANGLE
13. Birthplace: MERCERSBURG, PA. R.D.

MOTHER
14. Maiden name: MARY MOSSER
15. Birthplace: MERCERSBURG, PA. R.D.

16. Informant: Howard Angle
Address: Greencastle, Pa. R.2

17. BURIAL (Burial, cremation, or removal. Which?) Date thereof: 3/7/49 (month) (day) (year)

Cemetery or crematory: FAIRVIEW Cem.

Location: FRANKLIN Co., PENNA.

18. Funeral director: M. Lininger
Address: Mercersburg, Pa.

19. 3-6- 1949 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 4 1949, at 7 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 1949, to March 4 1949 and that I last saw her alive on March 4 1949

Immediate cause of death: Auricular - ventricular block

Due to: Angiocardiosis - ?

Due to:

Other conditions: Chronic Pneumonia
422.2 Arthritis
93e
(Include pregnancy within 3 months of death)

DURATION: 12 hours Questionable

Major findings of operations ... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE: W. T. Layman, M.D. M. D. or other

Address: Hagerstown, Md. Date signed: 5 March 1949

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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M

RECEIVED
APR 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH Dr. Yeager

2411 N. Charles Street, Baltimore

03100

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH· COUNTY Washinton MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 6 Weeks	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garlock Memorial Home	STREET ADDRESS (If rural give location) 25 Wayside Ave

3. NAME OF DECEASED (Type or Print) (First) MRS. ARENA	(Middle) VIRGINIA	(Last) NIGH	4. DATE OF DEATH (Month) (Day) (Year) March 6 19 49		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 1/12/69	9. AGE last birthday 80 yrs.	If under 1 year Months 1 Days 24 — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Williamsport Md	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME David Neikirk		14. MOTHER'S MAIDEN NAME Katherine Monninger			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If year, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Charles B. Nigh			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
410 Immediate cause	(a) Acute Cardiac Failure	2 days
96 Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	10 years
	(c) Mitral and Aortic Insufficiency	22 years.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Aneurysm Abdominal Aorta	5 years.

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —	
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 2-28, 1926, to 3-6-, 1949, that I last saw the deceased alive on 3-6-, 1949, and that death occurred at 9:44 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. Howard Yeager. M.D		Hagerstown, Md	3-7-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 3/9/49	NAME OF CEMETERY OR CREMATORY Mausoleum Rose Hill Cem.	LOCATION (City, town, or county) (State) Hagerstown Wash. Co. Md
DATE REC'D BY LOCAL REG. Mar. 8. 1949	REGISTRAR'S SIGNATURE Chas H. Lowers	24. FUNERAL DIRECTOR Andrew K. Coffman	ADDRESS Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 10 1949
BUREAU V. S.

03101

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Dr. Hirshman

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH · COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 4 Hrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital	STREET ADDRESS (If rural, give location) 1226 Murdock Ave

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): MARGARET LOUELLA NISWANDER

4. DATE OF DEATH (Month) (Day) (Year): Mar 31 1949 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	White	Single	July 16 1947	1 yrs.	7	15		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	---	Hagerstown Md.	U.S.A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John F. Niswander Sr	Margaret Woodcock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
--	--	None	John F. Nismander

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
85.1 Immediate cause	(a) Broncho pneumonia	2-3 days
35 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Morbilli	7 days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from March 31, 1949, to March 31, 1949, that I last saw the deceased alive on March 31, 1949, and that death occurred at 5 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Philip J. Hirshman	MD	Hagerstown Md	4/1/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/2/49	Rest Haven Cemetery	Hagerstown Wash. Co. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Apr. 2, 1949	Chas. H. Bowers	Andrew K. Coffman Wash. Co. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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APR 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03102

Dr. Campbell

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

1. PLACE OF DEATH
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Security
LENGTH OF STAY (in this place): 32 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Security Box # 44

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Security
STREET ADDRESS (If rural give location): Security Box # 44

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) Paul (Last)

4. DATE OF DEATH: (Month) (Day) (Year) March 17 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Sept 7 1878

9. AGE last birthday: 70 yrs. — If under 1 year: Months 6 — If under 24 hrs.: Days / Hours / Min. 10

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: No Amer Cem. Corp

11. BIRTHPLACE (State or foreign country): Austria

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Nicholas Paul

14. MOTHER'S MAIDEN NAME: Rachael Paul

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: 212-01-8530

17. INFORMANT: Miss Mitzi Paul

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

153 **Immediate cause** (a) Carcinoma of Colon with metastases, abdominal

462 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2-9-49

19b. MAJOR FINDINGS OF OPERATION: Confirms H above

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-30, 1948, to Mar 17, 1949, that I last saw the deceased alive on Mar 17, 1949, and that death occurred at 10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Robert H Campbell MD — ADDRESS: Hagerstown md — DATE SIGNED: 3/18/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — **DATE**: 3/21/49 — **NAME OF CEMETERY OR CREMATORY**: Rose Hill Cemetery — **LOCATION (City, town, or county) (State)**: Hagerstown Wash. Co. Md.

DATE REC'D BY LOCAL REG.: Mar. 19. 1949 — **REGISTRAR'S SIGNATURE**: Chas. H. Bowers

24. FUNERAL DIRECTOR — **ADDRESS**: Andrew K. Coffman Hagerston Md.

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MAR 22 1949
BUREAU V. S.

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Dr. Leban

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03103

CERTIFICATE OF DEATH

Reg. Dist. No. 307

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Yarrowsburg, Rural
LENGTH OF STAY (in this place) 55 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Knoxville Md. R. 1.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Yarrowsburg - Rural
STREET ADDRESS (If rural give location) Knoxville Md. R. 1

3. NAME OF DECEASED (Type or Print) (First) Lucy (Middle) M (Last) Phillips

4. DATE OF DEATH (Month) March (Day) 24 (Year) 1949

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Aug. 21 - 1867

9. AGE last birthday 81-7-3 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Burkettsville Fred. Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Mason Coulter

14. MOTHER'S MAIDEN NAME Julia Gordon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)

16. SOCIAL SECURITY No. None.

17. INFORMANT Mrs. M. C. Younkins Knoxville Md. R. 1.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
260	Immediate cause	(a) Chronic Myocarditis	10 yrs
186a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fracture of left hip	10 wks
		(c) Diabetes	?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 14, 1949, to March 24, 1949, that I last saw the deceased alive on March 23, 1949, and that death occurred at 7 P. m., from the causes and on the date stated above.

SIGNATURE G W Leban (Degree or title) M. D. ADDRESS Boonsboro DATE SIGNED 3/25/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial - DATE THEREOF Mar. 27. 1949 NAME OF CEMETERY OR CREMATORY Church of the Brethren Cemetery LOCATION (City, town, or county) Brownsville Md. (State)

DATE REC'D BY LOCAL REG. 3/26/49 REGISTRAR'S SIGNATURE Cornelius W. Castle

24. FUNERAL DIRECTOR Wm F. Bast & Sons ADDRESS Boonsboro Md.

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MAR 29 1949
BUREAU V. S.

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03104

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 303

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Clear Spring | LENGTH OF STAY (in this place) 6 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Clear Spring Rt. 40

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland
STREET ADDRESS Oakland (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Flora (Middle) ----- (Last) Porter
4. DATE OF DEATH: (Month) MARCH (Day) 1 (Year) 19 49
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Jan. 25-1861
9. AGE last birthday: 88 yrs. | If under 1 year: Months. Days. | If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Duties
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Enos Kepner
14. MOTHER'S MAIDEN NAME: Margaret Rea
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: R D 1 Mrs. Fred Draper- Clear Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443
932

Immediate cause (a) HYPERTENSIVE ARTERIOSCLEROTIC HEART DISEASE — ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c) CHRONIC UREMIA — 3 WEEKS

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: NONE
19b. MAJOR FINDINGS OF OPERATION: NONE
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 8, 1948, to March 1, 1949, that I last saw the deceased alive on Feb. 28, 1949, and that death occurred at 6:30 AM., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Archie Robert Cohen M D CLEAR SPRING, MD 3/1/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 3-1-49
NAME OF CEMETERY OR CREMATORY: Oakland Cem.
LOCATION (City, town, or county) (State): Oakland, Md.

DATE REC'D BY LOCAL REG. March 1/49
REGISTRAR'S SIGNATURE: Josephine Murray
24. FUNERAL DIRECTOR: Snyder-Rowland Funeral Home ADDRESS: Clear Spring, Md.

VS. A15

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MAR 8 1949
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03105

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY WASHINGTON STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
LENGTH OF STAY (in this place) 26 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON CO. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
STREET ADDRESS (If rural, give location) 127 HIGH STREET

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) ELSWORTH (Last) RAFFENSBERGER

4. DATE OF DEATH: (Month) MARCH (Day) 17 (Year) 1949

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3/24/1879

9. AGE last birthday: 69 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Painter

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): PENNSYLVANIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN RAFFENSBERGER

14. MOTHER'S MAIDEN NAME: ANNIE SECRIST

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: 716-09-3816

17. INFORMANT: Mr. John Raffensberger

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442 Immediate cause (a) Cerebral Haemorrhage — Interval Between Onset and Death: 3 days

131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension Cardiovascular renal disease — at least 2 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 3, 1949, to March 17, 1949, that I last saw the deceased alive on March 16, 1949, and that death occurred at 3:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. D. Layman, M.D. ADDRESS Hagerstown, Md. DATE SIGNED March 18, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 3/19/49 | NAME OF CEMETERY OR CREMATORY Rest Haven Cem. | LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REG. Mar. 18, 1949 | REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR W. T. Norment ADDRESS Hagerstown, Md.

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MAR 21 1949
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03106

CERTIFICATE OF DEATH

Reg. Dist. No. 305

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beaverdale - Rural
LENGTH OF STAY (In this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Boonsboro Md. R.1

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beaverdale - Rural
STREET ADDRESS (If rural give location) Boonsboro Md. R.1

3. NAME OF DECEASED (Type or Print) (First) Hubert (Middle) Roland (Last) Reeder

4. DATE OF DEATH (Month) Mar. (Day) 18 (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH July 5 1906

9. AGE last birthday 42-8-13 yrs. If under 1 year Months Days; If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) near Myersville, Fred. Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Hubert Reeder

14. MOTHER'S MAIDEN NAME Alice Dutzell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mrs. Isabel Reeder, Boonsboro Md. R.1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	acute coronary occlusion	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	arterio sclerotic coronary	6 mo
(c)	heart disease	

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II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) no

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sudden death, 19..., to ..., 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at about 2 A m., from the causes and on the date stated above.

SIGNATURE (Type or title) DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS DATE SIGNED

J. Robert Wells M.D. Hagerstown, Md. March. 18 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF March. 20. 1949

NAME OF CEMETERY OR CREMATORY Boonsboro Cemetery

LOCATION (City, town, or county) (State) Boonsboro Wash. Co. Md.

DATE REC'D BY LOCAL REG. Mar. 20. 49

REGISTRAR'S SIGNATURE John H. Bast

24. FUNERAL DIRECTOR ADDRESS Wm J. Bast & Sons Boonsboro Md

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MAR 23 1949
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Clearspring LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dry Run Dist.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Clearspring R.D.1
STREET ADDRESS (If rural give location) Dry Run - Dist.

3. NAME OF DECEASED (Type or Print) (First) Anna (Middle) Louise (Last) Repp

4. DATE OF DEATH (Month) Mar. (Day) 26 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Apr. 5, 1870
9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Duties
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Wash. Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Abraham Forsythe
14. MOTHER'S MAIDEN NAME Mary McCorkle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT S. L. Harnish - Clear Spring RD1 Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
156	Immediate cause	(a) Carcinoma of Liver	1 year
46 f	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chr. Chole cystitis	5 years
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1948, to Mar 26, 1949, that I last saw the deceased alive on Mar. 25, 1949, and that death occurred at 9 a. m., from the causes and on the date stated above.

SIGNATURE David R. Brewer (Degree or title) M.D. ADDRESS Clear Spring Md. DATE SIGNED Mar 28, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Mar. 28-49
NAME OF CEMETERY OR CREMATORY Mt. Tabor Cem.
LOCATION (City, town, or county) (State) Fairview - Wash Co Md

DATE REC'D BY LOCAL REG. March 28/49
REGISTRAR'S SIGNATURE Joseph W. Murray
24. FUNERAL DIRECTOR Snyder-Rowland Funeral Hom ADDRESS Clear Spring Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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RECEIVED
MAR 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03108

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown; LENGTH OF STAY (in this place); STATE MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fiddlersburg; STREET ADDRESS (If rural, give location) Near Shiloh Church

3. NAME OF DECEASED (Type or Print): (First) LLOYD (Middle) Unnamed WILLIAM (Last) RHODES, JR.

4. DATE OF DEATH: (Month) March (Day) 13, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: March 12, 1949

9. AGE last birthday: 0 yrs. If under 1 year: Months. Days 1. If under 24 hrs.: Hours 11 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Wash. Co. Hospital, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Lloyd Rhodes, Sr.

14. MOTHER'S MAIDEN NAME: Kathleen Ziegler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: EVELYN Mr. Lloyd Rhodes

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity — Interval Between Onset and Death: 1 Day

776 Antecedent cause(s)

159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/12/49, 19....., to 3/13/49, 19....., that I last saw the deceased alive on 3/13/49, 19....., and that death occurred at 1:07 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. F. Gouza M.D. Williamsport Md 3/14/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: March 14, 1949

NAME OF CEMETERY OR CREMATORY: Shiloh Cemetery

LOCATION (City, town, or county) (State): Fiddlersburg, Maryland

DATE REC'D BY LOCAL REG.: Mar. 14, 1949

REGISTRAR'S SIGNATURE: Chas H Bowers

24. FUNERAL DIRECTOR: Albert L. Leaf ADDRESS: Williamsport, Md.

VS. A15

RECEIVED
MAR 16 1949
BUREAU V. S.

03109

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 49 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 44 Wayside Ave,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 44 Wayside Ave.

3. NAME OF DECEASED (Type or Print): (First) Carrie (Middle) E. B. (Last) Samsell
4. DATE OF DEATH: (Month) March (Day) 13 (Year) 19 49

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED OR DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec. 16, 1859
9. AGE last birthday: 89 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Viriginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Lorenza D. Roberts
14. MOTHER'S MAIDEN NAME: Mary E. Fox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. ------
17. INFORMANT: Joseph Samsell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chr. Myocarditis — 3 yrs.

Antecedent cause(s)

4222
938

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) None Known.
(c) I saw this woman only two days before her death. Her history was of a simple ey except that she had a bad heart.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 11, 1949, to Mar 13, 1949, that I last saw the deceased alive on Mar 17, 1949, and that death occurred at 4 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Robert P. Conrad, M.D. | 137 W. Washington, Hagerstown, Md. | 3-14-49.

23. BURIAL CREMATION REMOVAL | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)
Burial | Mar. 15, 1949 | Rest Haven Cemetery | Hagerstown Md.

DATE REC'D BY LOCAL REG. Burial Mar. 15, 1949 | REGISTRAR'S SIGNATURE Clark Bowers | 24. FUNERAL DIRECTOR Scott F. Minnich & Son | ADDRESS Hag. Md.

VS. A15

RECEIVED
MAR 17 1949
BUREAU V. S.

03110

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 305

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Boonsboro
MARYLAND
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Boonsboro
STREET ADDRESS (If rural give location): Main St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary -	Susan -	Shafer	March -	31 -	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	White	Single	Mar. 14 - 1862	87-0-17 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None -	-	Boonsboro Washington Co. Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert J. Shafer	Mary Chambers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No.	None	Miss Mary J. Shafer Boonsboro Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
447 Immediate cause	(a) Uremia	5 days
97 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterial Hypertension	1 yr. 5 mos
	(c) Arterio Sclerosis.	1 yr. 5 mos
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Nervousness	1 yr. 5 mos

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Feb. 10", 19.47, to March 31", 19.49, that I last saw the deceased alive on March 31", 19.49, and that death occurred at 12 05 a. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. Hubert Wade.	M. D.	Boonsboro. Md	4/2/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Interment	April-2-1949	Boonsboro Mausoleum	Boonsboro	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 2. 1949	John H. Bast	Wm. J. Bast & Sons	Boonsboro Md.

RECEIVED
APR 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03111

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; MARYLAND; LENGTH OF STAY (in this place) 7 hours; HOSPITAL OR INSTITUTION OR STREET ADDRESS Garlock Memorial Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penna.; COUNTY Franklin; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion; STREET ADDRESS (If rural give location) ✓

3. NAME OF DECEASED (Type or Print): (First) Nellie (Middle) Catherine (Last) Sheller

4. DATE OF DEATH: (Month) 3 (Day) 22 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 3-23-1893

9. AGE last birthday: 55 yrs. If under 1 year: Months 11 Days 30 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Marion, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Martin Rines

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Bruce S. Sheller

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
903.0 Immediate cause	(a) Fracture rt humerus (Pathological)	3 days
186a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinomatosis from breast cancer	2 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Accident; PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home; (CITY OR TOWN) Marion; (COUNTY) Franklin Co; (STATE) Pa

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Fall in bath room

22. I hereby certify that I attended the deceased from 21 Mar, 1949, to 22 Mar, 1949, that I last saw the deceased alive on 21 Mar, 1949, and that death occurred at 12:20 A m., from the causes and on the date stated above.

SIGNATURE F F Lusby (Degree or title); ADDRESS 230 W Potomac Hagerstown; DATE SIGNED 22 Mar 49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE 3-25-49; NAME OF CEMETERY OR CREMATORY Lincoln Cemetery; LOCATION (City, town, or county) Chambersburg, Pa. (State)

DATE REC'D BY LOCAL REG. Mar 22, 1949; REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR Sellers Funeral Home, Chambg, Pa. ADDRESS

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MAR 24 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03112

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH · COUNTY: Washington · MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Penna. · COUNTY: Franklin
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown · LENGTH OF STAY (in this place): 24 hrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chambersburg
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Co. Hospital	STREET ADDRESS (If rural, give location): 578 S. Second St.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Myra B. Snyder	4. DATE OF DEATH (Month) (Day) (Year): 3 - 1 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	Married	Aug 1892	56 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	at home	Chambersburg Pa.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Greer Flack	Jane Patterson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		—	David F. Snyder

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.0 Immediate cause	(a) Arteriosclerotic Heart Disease with Myocardial Insufficiency	6 months
93d Antecedent cause(s)	(b)	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Non-Toxic Nodular Goitre — 35 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-28, 1949, to 3-1, 1949, that I last saw the deceased alive on 3-1, 1949, and that death occurred at 11:50 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Dalton M Welty	M.D.	Hagerstown, Md.	3-1-49

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify)	DATE	NAME OF CEMETERY ~~OR CREMATORY~~	LOCATION (City, town, or county) (State)
	3-4-49	Norland	Chambersburg, Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar. 2, 1949	Chas. H. Bowers	Fred W. Kraiss	

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MAR 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03113

CERTIFICATE OF DEATH

Reg. Dist. No. 3-05

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Lena Rural
MARYLAND
LENGTH OF STAY (in this place): 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Boonsboro R. 2

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Lena Rural
STREET ADDRESS (If rural give location): Boonsboro Md. R. 2

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Cora		Souders	March	1	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	1871	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home work	Wash. Co. Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
No Record	No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	None	Noah Souders Boonsboro Md. R. 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	30 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio-Vascular Disease	
	(c)	

420.1
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Mar. 12, 1948, to March 1 1949 that I last saw the deceased alive on Aug 3, 1948, and that death occurred at 7:30 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Sidney Rowerster	M.D.	Funkstown Md	3/1/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	March 3. 1949	Boonsboro Cemetery	Boonsboro Wash. Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 3. 1949	John D. Bast	Wm. D. Bast & Sons	Boonsboro Md.

RECEIVED
MAR 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03114

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY Washington — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 3 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonsboro
STREET ADDRESS (If rural give location) S. Main St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Nora	Belle	Sparrow	March	7	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	March 2 1870	79 yrs. yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House wife	Own Home	Warrensburg Penna.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Rapp	Catherine Fortney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	None	Mrs. John Bast Boonsboro Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Chronic Myocarditis	8 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension —	10 yrs
(c) Cerebral Haemorrhage	1 mon

443
932

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from June 5, 1947, to March 7, 1949, that I last saw the deceased alive on March 5, 1949, and that death occurred at 4 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. W. Dillon	M.D	Boonsboro	3/7/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Mar. 10. 1949	Shippensburg Cemetery	Shippensburg	Penna.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar. 7. 1949	Chas. H. Bowers	Wm. J. Bast and Sons	Boonsboro Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 9 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03115

CERTIFICATE OF DEATH

Reg. Dist. No. 305

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonsboro; LENGTH OF STAY (in this place) 6 months; HOSPITAL OR INSTITUTION OR STREET ADDRESS Potomac Street	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonsboro; STREET ADDRESS (If rural give location) Potomac Street

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last)	4. DATE OF DEATH (Month) (Day) (Year)
William Guy Spurrier.	March 7 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Sept. 1 - 1879	69-6-6 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman	Farm Equipment	Westminster Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Oscar Spurrier	Mary Orndorff.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No.	214-16-1026	Mrs. Estelle Spurrier Boonsboro Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Myocarditis	5 yr
441 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 932	(b) Malignant Hypertension	2 1/2 yr
	(c) Cerebral Haemorrhage	1 wk
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept 15, 1948, to March 7, 1949, that I last saw the deceased alive on March 6, 1949, and that death occurred at 9 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. W. Lillard	M. D.	Boonsboro	3/8/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Mar. 9. 1949	Boonsboro Cemetery	Boonsboro Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March. 9. 1949	John D. Bast	Wm. D. Bast & Sons	Boonsboro Md

VS. A15

RECEIVED
MAR 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03116

CERTIFICATE OF DEATH

Reg. Dist. No. 361

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Williamsport. | LENGTH OF STAY (In this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. 2. Williamsport.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Williamsport.
STREET ADDRESS (If rural, give location) Williamsport R.F.D. 2.

3. NAME OF DECEASED (Type or Print): (First) Evelyn (Middle) Elsie (Last) Staley.

4. DATE OF DEATH: (Month) March (Day) 25 (Year) 1949

5. SEX: Female.

6. COLOR OR RACE: White.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married.

8. DATE OF BIRTH: Sept. 19, 1916

9. AGE last birthday: 32 yrs. | If under 1 year: Months 6, Days 6, Hours, Min. | If under 24 hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housewife.

11. BIRTHPLACE (State or foreign country): U.S.A.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Roy Colbert.

14. MOTHER'S MAIDEN NAME: Flossie. Lydia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None.

17. INFORMANT: Mr Raymond Staley.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002

Immediate cause (a) PULMONARY TUBERCULOSIS, BILATERAL WITH CAVITATION — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

Antecedent cause(s)

13 b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) NONE

(c) NONE

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. NONE

19a. DATE OF OPERATION: NONE | 19b. MAJOR FINDINGS OF OPERATION: NONE | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 26, 1948, to MARCH 25, 1949, that I last saw the deceased alive on MARCH 24, 1949, and that death occurred at 8:00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Archie Robert Cohen M.D
ARCHIE ROBERT COHEN | M D | CLEAR SPRING, MARYLAND | MARCH 26, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: March 28, 49 | NAME OF CEMETERY OR CREMATORY: Greenlawn. | LOCATION (City, town, or county) (State): Williamsport Washington Md

DATE REC'D BY LOCAL REG. March 27-49 | REGISTRAR'S SIGNATURE: E Lee M Elroy

24. FUNERAL DIRECTOR ADDRESS: Albert L. Leaf : Williamsport, Md.

RECEIVED
MAR 31 1949.
BUREAU V. S.

84

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03117

CERTIFICATE OF DEATH

Reg. Dist. No. 303

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clear Spring
MARYLAND
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland
COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clear Spring
STREET ADDRESS (If rural, give location) Main St

3. NAME OF DECEASED (Type or Print) (First) Samuel (Middle) W. (Last) Starliper

4. DATE OF DEATH (Month) March (Day) 6 (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Feb. 28-1877

9. AGE last birthday 72 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Livestock Dealer

10b. KIND OF BUSINESS OR INDUSTRY Stock

11. BIRTHPLACE (State or foreign country) Wash Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Henry Starliper

14. MOTHER'S MAIDEN NAME Mary Mason

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No.

16. SOCIAL SECURITY No. No.

17. INFORMANT Mrs. Lethaen Starliper Clear Spring Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 4 weeks

420.1

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arterio Sclerosis — 4 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 8, 1949, to Mar. 6, 1949, that I last saw the deceased alive on Mar. 6, 1949, and that death occurred at 11 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) David R. Brewer, M.D — ADDRESS Clear Spring Md. — DATE SIGNED 3/8/49.

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE Mar 9-49 — NAME OF CEMETERY OR CREMATORY St. Pauls Cemetery — LOCATION (City, town, or county) (State) Clear Spring, Md.

DATE REC'D BY LOCAL REG. March 9/49 — REGISTRAR'S SIGNATURE Joseph W. Murray — 24. FUNERAL DIRECTOR Adrian A. Kenland — ADDRESS

VS. A15

RECEIVED
1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03118

CERTIFICATE OF DEATH

Reg. Dist. No. 302

Dr. Bell

The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 37 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural give location): 146 East avenue

3. NAME OF DECEASED (Type or Print): (First) Harry — (Middle) Luther — (Last) Staubs

4. DATE OF DEATH: (Month) March. (Day) 31. (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April. 16. 1892

9. AGE last birthday: 56-10-15 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Taxi Driver

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Highfield Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Charles Staubs

14. MOTHER'S MAIDEN NAME: Anna Mae Gladhill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 217-10-3475

17. INFORMANT: Mrs. Maude Staubs 146 E. Ave. Hagerstown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

541.1 **Immediate cause** (a) Duodenal ulcer. perforated.

117b **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

INTERVAL BETWEEN ONSET AND DEATH: About 18 hours.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 31., 1949, to Mar. 31., 1949, that I last saw the deceased alive on Mar. 31., 1949, and that death occurred at 8:00 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

K. A. Bell M.D. — Hagerstown Maryland — April 1. 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: April. 3. 1949

NAME OF CEMETERY OR CREMATORY: Boonsboro Cemetery

LOCATION (City, town, or county) (State): Boonsboro Wash. Co. Md.

DATE REC'D BY LOCAL REG: Apr. 2. 1949

REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR — ADDRESS: W. J. Bart & Sons Boonsboro Md

RECEIVED
APR 5 1949
BUREAU V. S.

03119

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS South Yards W.M.R.R.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 474 McDowell Avenue

3. NAME OF DECEASED (Type or Print) (First) Curvin (Middle) J. (Last) Stine
4. DATE OF DEATH (Month) Mar. (Day) 12 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec. 28, 1893
9. AGE last birthday 55 yrs. If under 1 year Months 2 Days 12 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Conductor
10b. KIND OF BUSINESS OR INDUSTRY W.M.R.R.
11. BIRTHPLACE (State or foreign country) York, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Stine
14. MOTHER'S MAIDEN NAME Laura Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No. 705-10-5389
17. INFORMANT Mrs. Curvin J. Stine

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) acute coronary occlusion	
Antecedent cause(s)	auricular fibrillation	1 yr
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Vascular hypertensio n	12yr r
	(c) arterio sclerotic myocardial heart disease	8yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. xxxix

19a. DATE OF OPERATION no
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Sudden death, 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 8:50 A m., from the causes and on the date stated above.

SIGNATURE S. Robert Wells, M.D. (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS 115 N. Potomac St. Hagerstown, Md. DATE SIGNED Mar. 14. 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3-15-49
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REG. Mar. 15, 1949
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03120

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Enroute to Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wash; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural, give location) 47 East Ave.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Morris (Last) Stouffer

4. DATE OF DEATH: (Month) Mar (Day) 31 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Sept. 1, 1907

9. AGE last birthday: 41 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shoe Worker

10b. KIND OF BUSINESS OR INDUSTRY: Shoe

11. BIRTHPLACE (State or foreign country): Hagerstown Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Rob Roy Stouffer

14. MOTHER'S MAIDEN NAME: Effie G. Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY No.: 214-09-6548

17. INFORMANT: Mrs. Flora Olsen

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a)

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) acute coronary occlusion

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Epilepsy and chr. alcoholism

19a. DATE OF OPERATION: Mar. 31. 49

19b. MAJOR FINDINGS OF OPERATION: Suturing Lacerations of fore head (3:52 A.M.)

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): NO

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): Mar. 31 49 3:52 P.M.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Fell while having epileptic fit

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at About 9:45 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Robert Wells, M.D. DEPUTY MEDICAL EXAM. WASH CO. MD

ADDRESS: 115 N. Potomac St. Hagerstown, Md.

DATE SIGNED: 4/1/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: April 2, -49

NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

LOCATION (City, town, or county): Hagerstown

(State): Md.

DATE REC'D BY LOCAL REG. 4/2/1949

REGISTRAR'S SIGNATURE: Chas. H. Fowler

24. FUNERAL DIRECTOR: Scott F. Minnich & Son

ADDRESS: Hag. Md.

RECEIVED
APR 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03121

Dr. Jack Beachley

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

PLACE OF DEATH

COUNTY: Washington — STATE: MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown

LENGTH OF STAY (in this place): 5 Hrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY: Washington

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown

STREET ADDRESS (If rural give location): 122 Clarkson Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Loretta		Stover	March 19 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Single	2/28/49	yrs.	21	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
-----	----	Hagerstown Md	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Merle Stull	Erma Grace Stover

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
-	None	Erma Grace Stover

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

492 Immediate cause (a) Atypical Pneumonia

Antecedent cause(s)

109 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Malnutrition

(c)

INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from March 19 49 to March 19 49, that I last saw the deceased alive on March 19 49, and that death occurred at 12 m. from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. J. Beachley	M. D.	Hagerstown Md	3/21/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/21/49	Rose Hill Cemetery	Hagerstown Washington Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar 21 1949	Chas. H. Bowers	Andrew K. Coffman	Hagerstown Md

RECEIVED
MAR 23 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03122

CERTIFICATE OF DEATH

Reg. Dist. No. 306

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade. LENGTH OF STAY (In this place) 1 month a. 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ridie Hospital Cascade Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Montgomery.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Germantown,
STREET ADDRESS (If rural, give location) R.F.D.

3. NAME OF DECEASED (Type or Print): (First) Mary, (Middle) Eliza, (Last) Swann.

4. DATE OF DEATH: (Month) 3. (Day) 26. (Year) 1949.

5. SEX: female. 6. COLOR OR RACE: coloured. 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: May. 2-nd. 1869. 9. AGE last birthday: 79 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none. 10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country): King George County, Virginia 12. CITIZEN OF WHAT COUNTRY? —

13. FATHER'S NAME: Eugene Fortune.

14. MOTHER'S MAIDEN NAME: Lucy Semmes.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT: Hospital Records, Ridie Hospital.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

170 Immediate cause (a) Vasocirculatory failure. — 3 days.

50 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cancer of breasts & metastasis.

(c) Secondary anemia.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatic Heart disease.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 2/17, 1949, to 3/26, 1949, that I last saw the deceased alive on 3/26, 1949, and that death occurred at 5-20 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Veronica Troost M.D. Ridie Hospital, Cascade, Md. 3/26/1949

23. BURIAL, CREMATION / REMOVAL (Specify) Burial — DATE THEREOF 3/29/49 — NAME OF CEMETERY OR CREMATORY Mt Lion M.G. — LOCATION (City, town, or county) (State) Montgomery Co

DATE REC'D BY LOCAL REG. 3/31/49 — REGISTRAR'S SIGNATURE Geo. W. Ferguson — 24. FUNERAL DIRECTOR Roy W. Barber — ADDRESS

RECEIVED
APR 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03123

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Washington — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Reid 'Rural' — LENGTH OF STAY (in this place): 2 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Hagerstown R. 6.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Reid - Rural
STREET ADDRESS (If rural give location): Hagerstown Md. R. 6

3. NAME OF DECEASED (Type or Print): (First) Claude — (Middle) Fine — (Last) Thomas

4. DATE OF DEATH: (Month) Mar (Day) 23 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April - 25 - 1888

9. AGE last birthday: 60 - 10 - 28 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer.

10b. KIND OF BUSINESS OR INDUSTRY: Mollie Organ Factory

11. BIRTHPLACE (State or foreign country): Monroe Wash. Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elmer C. Thomas

14. MOTHER'S MAIDEN NAME: Nellie Fine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 220-26-6195

17. INFORMANT: Mrs. Anna E. Thomas Hagerstown R. 6.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cachexia	months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of bladder	2 years ?
	(c)	

181
52 b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Hemorrhage,

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): ----

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: ----

(CITY OR TOWN) (COUNTY) (STATE): ----

TIME OF INJURY (Month) (Day) (Year) (Hour): ---- m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? ----

22. I hereby certify that I attended the deceased from January, 1949, to March 23 1949, that I last saw the deceased alive on March 23 1949, and that death occurred at 7:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Robert J. Headle M D — ADDRESS: Hagerstown Md — DATE SIGNED: 3-24-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: March. 27. — NAME OF CEMETERY OR CREMATORY: Beaver Creek Cemetery — LOCATION (City, town, or county) (State): Beaver Creek Wash. Co. Md

DATE REC'D BY LOCAL REG.: Mar. 23, 1949 — REGISTRAR'S SIGNATURE: Chas. M. Bowers

24. FUNERAL DIRECTOR: C. M. D. Bast & Sons — ADDRESS: Boonsboro Md.

RECEIVED
MAR 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03124

Reg. Dist. No. 305

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beaverdale - Rural; LENGTH OF STAY (in this place) one week; HOSPITAL OR INSTITUTION OR STREET ADDRESS Boonsboro Md. R.1.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beaverdale - Rural; STREET ADDRESS (If rural give location) Boonsboro Md. R.1.

3. NAME OF DECEASED (Type or Print): (First) Lydia (Middle) M. (Last) Turner.

4. DATE OF DEATH: (Month) March (Day) 12. (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 27 1870

9. AGE last birthday: 78-8-15 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Farm Home

11. BIRTHPLACE (State or foreign country): Park Head md.

12. CITIZEN OF WHAT COUNTRY? U.S.a.

13. FATHER'S NAME: Jacob Lowman

14. MOTHER'S MAIDEN NAME: Rachael ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No. None.

17. INFORMANT: Mrs. Harry Shoop Boonsbo md. R.1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Circulatory failure due to — Interval Between Onset and Death: 3-4 hr

94 a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary infarction

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from onset of PI 3-4 hrs. before death 3-12-4 to ....., 19....., that I last saw the deceased alive on 3-12-49, 19....., and that death occurred at 11:30 Am., from the cause and on the date stated above.

SIGNATURE Robert F. Leadle (Degree or title) MD ADDRESS ROBERT F. LEADLE 132 W. WASHINGTON ST. HAGERSTOWN, MARYLAND DATE SIGNED 3-14-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE THEREOF Mar. 15. 1949; NAME OF CEMETERY OR CREMATORY Mason Cemetery; LOCATION (City, town, or county) (State) Mr. Tilghmanton md.

DATE REC'D BY LOCAL REG. March. 14. 1949; REGISTRAR'S SIGNATURE John A. Bast

24. FUNERAL DIRECTOR Wm. J. Bast & Sons ADDRESS Boonsboro md.

RECEIVED
MAR 16 1949
BUREAU V. S.

03125

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH · COUNTY Washington. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland. COUNTY Washington.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown. LENGTH OF STAY (in this place) 65 years.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location) 528 Jefferson St.

3. NAME OF DECEASED (Type or Print)	(First) Annie	(Middle) L	(Last) Updegrove.	4. DATE OF DEATH	(Month) March (Day) 6 (Year) 1949
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed.	8. DATE OF BIRTH Feb 2 1866.	9. AGE last birthday 83. yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) Williamsport Md U.S.A.	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Notknown.		14. MOTHER'S MAIDEN NAME Eleanor Hoffman.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Charles W Updegrove.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443 Immediate cause (a) Hypertension Cardiovascular disease — Years

93d Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arthritis, rheumatoid, severe — 1 year

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1948, to March 6, 1949, that I last saw the deceased alive on February 18, 1949, and that death occurred at approx 7A m., from the causes and on the date stated above.

SIGNATURE W. D. Layman, M.D. (Degree or title) ADDRESS Hagerstown, Md DATE SIGNED 8 March 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE March 9.49.	NAME OF CEMETERY OR CREMATORY Riverview.	LOCATION (City, town, or county) (State) Williamsport Washington MD.
DATE REC'D BY LOCAL REG. Mar. 8, 1949	REGISTRAR'S SIGNATURE Chas H Bowers	24. FUNERAL DIRECTOR Edith V Leaf.	ADDRESS Williamsport Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 10 1949
BUREAU V. S.

03126

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 304

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hancock — LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hancock, R.F.D. 2
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS H (If rural give location)

3. NAME OF DECEASED (Type or Print)	(First) Arthur	(Middle) -----	(Last) Weaver	4. DATE OF DEATH	(Month) 3-30 (Day) (Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 12-22-1865	9. AGE last birthday 83 yrs.	If under 1 year Months 3 Days; If under 24 hrs. Hours 8 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S U.S		
13. FATHER'S NAME John Weaver		14. MOTHER'S MAIDEN NAME Nancy Souders			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Edgar Weller			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Heart failure

422.2 Antecedent cause(s)

93 d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic myocarditis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify) no	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/30, 1949, to 3/30, 1949, that I last saw the deceased alive on dead 3/30, 1949, and that death occurred at 5 8 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) S M Shaffer M D. ADDRESS Hancock, Md. DATE SIGNED 4/1/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 4-3-1949	NAME OF CEMETERY OR CREMATORY Baptist Cemetery	LOCATION (City, town, or county) Fulton Co. Pa. (State)
DATE REC'D BY LOCAL REG. 4-2-49	REGISTRAR'S SIGNATURE J. A. Heller	24. FUNERAL DIRECTOR Snyder-Rowland	ADDRESS Hancock, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 6 1949
BUREAU V. S.

03127

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boyds, Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie Hospital	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) FLORENCE	(Middle) MAY	(Last) WHITE	4. DATE OF DEATH	(Month) March 30 (Day) (Year) 1949
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed	8. DATE OF BIRTH April 5, 1879	9. AGE last birthday 69 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Boyd, Maryland	12. CITIZEN OF WHAT COUNTRY? America		
13. FATHER'S NAME William M. Williams	14. MOTHER'S MAIDEN NAME May Williams				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Grace Pollock, Relative			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardiac Failure	10 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypostatic Pneumonia	8 days.
	(c) Cardio-vascular accident (old) c̄ spastic	?

443
82

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. paralysis of right arm + leg and left leg, Hypertension. ?

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 23, 1947, to Mar. 30, 1949, that I last saw the deceased alive on Mar. 30, 1949, and that death occurred at 5:20 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Daniel Lai	M.D.	Ritchie Hospital, Cascade, Md.	

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 4/1/49	NAME OF CEMETERY OR CREMATORY ~~Boyds~~ Monocacy	LOCATION (City, town, or county) Boyds Md (State)
DATE REC'D BY LOCAL REG. 3/30/49	REGISTRAR'S SIGNATURE John R. Cochran Dep. Local Registrar	24. FUNERAL DIRECTOR J. C. Gardner	ADDRESS Gaithersburg Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
APR 5 1949
BUREAU V. S.

16

Dr. Kohler
03128

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH · COUNTY: Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Smithsburg — LENGTH OF STAY (in this place): 12 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Smithsburg,
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Main St.	STREET ADDRESS (If rural give location): Main St.

3. NAME OF DECEASED (Type or Print)	(First) Laura	(Middle) V. (Kuhn)	(Last) Wolfe	4. DATE OF DEATH	(Month) Mar.	(Day) 8	(Year) 1949
5. SEX: Female	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow	8. DATE OF BIRTH: 6/13/69	9. AGE last birthday: 79 yrs.	If under 1 year: Months 8	Days 25	If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: own home	11. BIRTHPLACE (State or foreign country): Garfield, Md.	12. CITIZEN OF WHAT COUNTRY? U. S. A.				
13. FATHER'S NAME: Denton Kuhn	14. MOTHER'S MAIDEN NAME: Rebecca Fost						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: none	17. INFORMANT: Earl Wolfe					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

154 Immediate cause (a) Carcinomatosis — 4 wks

46d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Rectum — 3 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1945, to Mar 8 1949, that I last saw the deceased alive on Mar 8, 1949, and that death occurred at 5 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
G. A. Kohler	M.H.	Smithsburg	3/8/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 3-10-1949	NAME OF CEMETERY OR CREMATORY: Smithsburg Cemetery	LOCATION (City, town, or county) (State): Smithsburg, Md.
DATE REC'D BY LOCAL REG.: Mar 9 - 49	REGISTRAR'S SIGNATURE: Geo. W. Ferguson local Reg	24. FUNERAL DIRECTOR: Andrew K. Coffman, Hagerstown, Md	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 21 1949
BUREAU V. S.